

SEER Site-Specific Coding Guidelines

BREAST

C500–C509

Primary Site

- C500 **Nipple** (areolar)
Paget disease without underlying tumor

- C501 **Central** portion of **breast (subareolar)** area extending 1 cm around areolar complex
Retroareolar
Infraareolar
Next to areola, NOS
Behind, beneath, under, underneath, next to, above, cephalad to, or below nipple
Paget disease with underlying tumor

- C502 **Upper inner quadrant (UIQ)** of breast
Superior medial
Upper medial
Superior inner

- C503 **Lower inner quadrant (LIQ)** of breast
Inferior medial
Lower medial
Inferior inner

- C504 **Upper outer quadrant (UOQ)** of breast
Superior lateral
Superior outer
Upper lateral

- C505 **Lower outer quadrant (LOQ)** of breast
Inferior lateral
Inferior outer
Lower lateral

- C506 Axillary tail of breast
Tail of breast, NOS
Tail of Spence

- C508 **Overlapping** lesion of breast
Inferior breast, NOS
Inner breast, NOS
Lateral breast, NOS
Lower breast, NOS
Medial breast, NOS
Midline breast NOS
Outer breast NOS
Superior breast, NOS
Upper breast, NOS
3:00, 6:00, 9:00, 12:00 o'clock

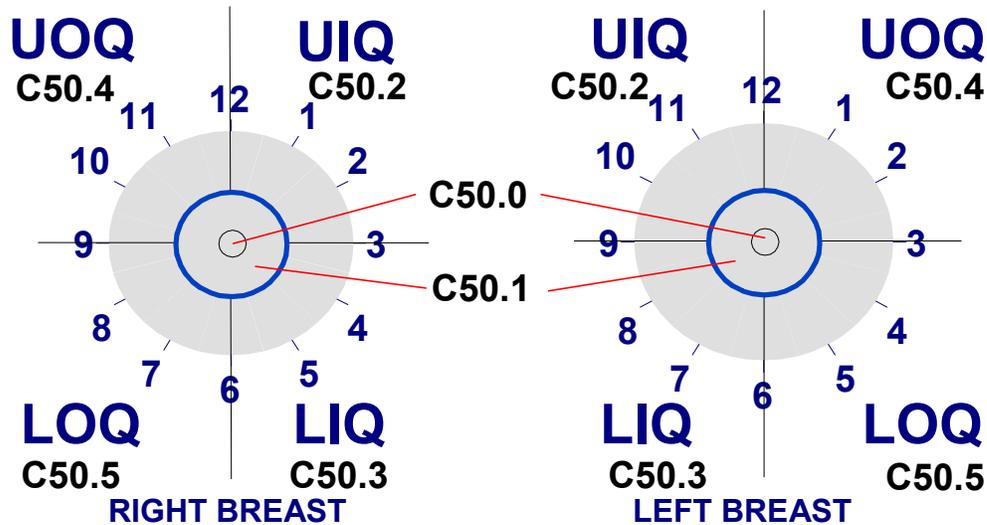
- C509 Breast, NOS
Entire breast
Multiple tumors in different subsites within breast
Inflammatory without palpable mass
¾ or more of breast involved with tumor

Diffuse (tumor size 998)

Additional Subsite Descriptors

The position of the tumor in the breast may be described as the positions on a clock

O'Clock Positions and Codes Quadrants of Breasts



Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

- 1 Pathology report
- 2 Operative report
- 3 Physical examination
- 4 Mammogram, ultrasound

If the pathology proves **invasive** tumor in **one subsite** and **insitu tumor** in all **other** involved subsites, code to the subsite involved with invasive tumor

When to Use Subsites 8 and 9

- A. Code the primary site to C508 when there is a **single tumor** that **overlaps** two or more subsites, and the **subsite** in which the tumor **originated** is **unknown**
- B. Code the primary site to C508 when there is a **single tumor** located at the **12, 3, 6, or 9 o'clock** position on the breast

Code the primary site to C509 when there are **multiple tumors** (two or more) in **at least two quadrants** of the breast

Laterality

Laterality **must** be coded for all subsites.

Single Tumor with Complex Histology

If the diagnosis is both **lobular and ductal** (insitu or invasive, or a combination of insitu and invasive) use code 8522

Example 1: Code duct carcinoma and lobular carcinoma insitu to the combination code 8522/3

Example 2: Code LCIS and DCIS to the combination code 8522/2

If the diagnosis is **mixed invasive and insitu**, code the invasive diagnosis

Example 1: Code ductal carcinoma with extensive cribriforming DCIS to the invasive ductal carcinoma (8500/3)

Example 2: Code mucinous carcinoma in a background of ductal carcinoma insitu to the invasive mucinous carcinoma (8480/3)

Example 3: Code infiltrating ductal carcinoma with DCIS, solid, cribriform, and comedo type to the invasive infiltrating ductal carcinoma (8500/3)

Use a **combination code** if the diagnosis is either ductal carcinoma OR lobular carcinoma mixed with another type of carcinoma. Look for the words “and” or “mixed” in the diagnosis.

Code duct carcinoma mixed with another type of carcinoma (excluding lobular) to 8523/_

Example 1: Code duct carcinoma **and** tubular carcinoma to 8523/3

Example 2: Code DCIS **and** cribriform carcinoma insitu to 8523/2

Code lobular carcinoma mixed with another type of carcinoma (excluding ductal) to 8524_

Example 1: Code lobular **and** adenoid cystic carcinoma to 8524/3

Example 2: Code tubular carcinoma **and** lobular carcinoma as 8524/3

Code the **infiltrating ductal subtype** even if the code is numerically lower than infiltrating ductal (8500/_) when the following terms are used

Type: Duct carcinoma, _____ type

Predominantly: Duct carcinoma, predominantly _____

With features of: Duct carcinoma with features of _____

Subtype: Infiltrating ductal, _____ subtype

Variant: Duct carcinoma, _____ variant

Other terms that indicate the majority of tumor

Example 1: Duct carcinoma, tubular type. Code the histology as tubular carcinoma, 8211/3

Example 2: Duct carcinoma with apocrine features. Code the histology as apocrine carcinoma 8401/3

If the diagnosis includes **more than one subtype**, use a combination code

Example 1: Duct carcinoma, cribriform and comedo types. Code the histology to 8523/3

Example 2: Duct carcinoma insitu showing both solid and cribriforming subtypes. Code the histology as 8523/2

Separate Tumors of Different Histologies in One Breast

If different histologies occur in **separate tumors in the same breast**, use the multiple primary rules to determine if there is one or more primaries. If, according to the rules, there are two primaries, abstract and stage separately. If, according to the rules, there is one primary, abstract and stage as one primary. Use a combination code for combinations of duct and lobular or combinations of duct and Paget disease.

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Example 1: Lobular carcinoma insitu in the upper inner quadrant of the right breast and duct carcinoma in the lower inner quadrant of the right breast. Code the histology as 8522/3

Example 2: Paget disease of nipple and intraductal carcinoma, upper outer quadrant. Code the histology as 8543/3

Grade

Priority Rules for Grading Breast Cancer

Code the tumor grade using the following priority order:

Bloom-Richardson (Nottingham) scores 3-9 converted to grade (see conversion table below)

Bloom Richardson grade (low, intermediate, high)

Nuclear grade only

Terminology

Differentiation (well differentiated, moderately differentiated, etc)

Histologic grade

Grade i, grade ii, grade iii, grade iv

Bloom-Richardson (BR)

BR may **also** be called: modified Bloom-Richardson, Scarff-Bloom-Richardson, SBR grading, BR grading, Elston-Ellis modification of Bloom Richardson score, the Nottingham modification of Bloom Richardson score, Nottingham-Tenovus, or Nottingham grade

BR may be expressed in **scores** (range 3-9)

The score is based on three morphologic features of “invasive no-special-type” breast cancers (degree of tubule formation/histologic grade, mitotic activity, nuclear pleomorphism of tumor cells)

Use the following table to convert the score into SEER code

BR may be expressed as a **grade** (low, intermediate, high)

BR grade is derived from the BR score

For cases diagnosed 1996 and later, use the following table to convert the BR grade into SEER code (Note that the conversion of low, intermediate, and high is different from the conversion used for all other tumors)

Convert BR Score to SEER Code

Use the table below to convert BR **score** to SEER code.

BR Combined Score	Differentiation	Grade	SEER Code
3, 4, 5	Well differentiated	I	1
6, 7	Moderately differentiated	II	2
8, 9	Poorly differentiated	III	3

Convert BR Grade to SEER Code

Use the table below to convert BR **grade** to SEER code.

BR Grade	Differentiation	Grade	SEER Code
BR low grade	Well differentiated	I	1
BR intermediate grade	Moderately differentiated	II	2
BR high grade	Poorly differentiated	III	3

Three-Grade System (Nuclear Grade)

There are several sites for which a three-grade system is used. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue. Thus, it is similar to a four-grade system, but simply divides the spectrum into three rather than four categories (see comparison table above). The expected outcome is more favorable for lower grades.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the table below to convert the grade to SEER codes.

Term	Grade	SEER Code
1/3, 1/2	Low grade	2
2/3	Intermediate grade	3
3/3, 2/2	High grade	4

Laterality

Laterality must be coded for all subsites.

Tumor Markers

Estrogen and progesterone receptors (ERA and PRA) are positive in most breast cancers. A positive ERA and PRA indicates a better prognosis and response to estrogen therapy.

Size of Primary Tumor

General Coding Guidelines

If **multiple masses** are present, code the diameter of the **largest invasive mass**. Ignore the insitu even if it is larger than the invasive.

If the patient had **neoadjuvant** treatment, code the **largest** tumor size **documented**, clinical or pathologic.

Tumors That Are Purely Invasive or Purely Insitu

For purely invasive or purely insitu tumors, record the size of tumor based on the following priority of reports.

Priority in which to use Reports to Code Tumor Size

1. **Pathology** report
2. **Operative** report
3. Physical examination
4. Imaging (**mammography**)
5. Imaging (**ultrasound**)

Single Tumors with Both Invasive and Insitu Components

Record the **size** of the **invasive** component, if given.

If **both** an **insitu** and an **invasive** component are present, and the invasive component is measured, record the size of the invasive component even if it is smaller.

Example: Tumor is 37 mm mixed insitu and invasive adenocarcinoma. Pathology documents that 14 mm is invasive. Record tumor size as 014.

General Staging Guidelines

DO NOT USE the following to determine tumor extension:

- A. Dimpling of the skin, tethering, nipple retraction, nipple involvement or skin changes other than those listed in CS extension code 51 (See also CS Extension, Note 1)
- B. **Microscopic** satellite skin nodules
(**macroscopic** or **gross** nodules in skin of primary breast **are** used in staging)
- C. Microscopically proven invasion of lymphatic vessels within the breast

Collaborative Staging Codes

Breast

C50.0-C50.6, C50.8-C50.9

- C50.0 Nipple
- C50.1 Central portion of breast
- 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

Note: Laterality must be coded for this site.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Estrogen Receptor Assay (ERA) CS Site-Specific Factor 2 - Progesterone Receptor Assay (PRA) CS Site-Specific Factor 3 - Number of Positive Ipsilateral Axillary Lymph Nodes CS Site-Specific Factor 4 - Immunohistochemistry (IHC) of Regional Lymph Nodes CS Site-Specific Factor 5 - Molecular Studies of Regional Lymph Nodes CS Site-Specific Factor 6 - Size of Tumor--Invasive Component	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Extension Behavior Table Lymph Nodes Positive Axillary Nodes Table IHC MOL Table
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Breast

CS Tumor Size

Note 1: For tumor size, some breast cancers cannot be sized pathologically.

Note 2: When coding pathologic size, code the measurement of the invasive component. For example, if there is a large in situ component (e.g., 4 cm) and a small invasive component see Site-Specific Factor 6 to code more information about the reported tumor size. If the size of invasive component is not given, code the size of the entire tumor and record what it represents in Site-Specific Factor 6.

Note 3: Microinvasion is the extension of cancer cells beyond the basement membrane into the adjacent tissues with no focus more than 0.1 cm in greatest dimension. When there are multiple foci of microinvasion, the size of only the largest focus is used to classify the microinvasion. (Do not use the sum of all the individual foci.)

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microinvasion; microscopic focus or foci only, no size given; described as less than 1 mm
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm

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995	Described as less than 5 cm
996	Mammographic/xerographic diagnosis only, no size given; clinically not palpable
997	Paget's Disease of nipple with no demonstrable tumor
998	Diffuse
999	Unknown; size not stated Not documented in patient record

Breast

CS Extension

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

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

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

Note 4: If extension code is 00, then Behavior code must be 2; if extension code is 05 or 07, then behavior code may be 2 or 3; and, if extension code is 10, then behavior code must be 3.

Note 5: Inflammatory Carcinoma. AJCC includes the following text in the 6th edition Staging Manual (p. 225-6), "Inflammatory carcinoma is a clinicopathologic entity characterized by diffuse erythema and edema (peau d'orange) of the breast, often without an underlying palpable mass. These clinical findings should involve the majority of the skin of the breast. Classically, the skin changes arise quickly in the affected breast. Thus the term of inflammatory carcinoma should not be applied to a patient with neglected locally advanced cancer of the breast presenting late in the course of her disease. On imaging, there may be a detectable mass and characteristic thickening of the skin over the breast. This clinical presentation is due to tumor emboli within dermal lymphatics, which may or may not be apparent on skin biopsy. The tumor of inflammatory carcinoma is classified T4d. It is important to remember that inflammatory carcinoma is primarily a clinical diagnosis. Involvement of the dermal lymphatics alone does not indicate inflammatory carcinoma in the absence of clinical findings. In addition to the clinical picture, however, a biopsy is still necessary to demonstrate cancer either within the dermal lymphatics or in the breast parenchyma itself."

Note 6: For Collaborative Staging, the abstractor should record a stated diagnosis of inflammatory carcinoma, and also record any clinical statement of the character and extent of skin involvement in the text area. Code 72 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement in more than 50% of the breast. All other cases with a stated diagnosis of inflammatory carcinoma but no such clinical description should be coded 71. A clinical description of inflammation, erythema, edema, peau d'orange, etc. without a stated diagnosis of inflammatory carcinoma should be coded 51 or 52, depending on described extent of the condition.

Code	Description	TNM	SS77	SS2000
00	In situ: noninfiltrating; intraepithelial Intraductal WITHOUT infiltration Lobular neoplasia	Tis	IS	IS
05	Paget Disease of nipple (WITHOUT underlying tumor)	Tis	**	**
07	Paget Disease of nipple (WITHOUT underlying invasive carcinoma pathologically)	Tis	**	**
10	Confined to breast tissue and fat including nipple and/or areola Localized, NOS	*	L	L

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20	Invasion of 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	*	RE	RE
30	Attached or fixation to pectoral muscle(s) or underlying tissue Deep fixation Invasion of (or fixation to) pectoral fascia or muscle	*	RE	RE
40	Invasion of (or fixation to): Chest wall Intercostal or serratus anterior muscle(s) Rib(s)	T4a	RE	RE
51	Extensive skin involvement, including: Satellite nodule(s) in skin of primary breast Ulceration of skin of breast Any of the following conditions described as involving not more than 50% of the breast, or amount or percent of involvement not stated: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	RE	RE
52	Any of the following conditions described as involving more than 50% of the breast WITHOUT a stated diagnosis of inflammatory carcinoma: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	RE	RE
61	(40) + (51)	T4c	RE	RE
62	(40) + (52)	T4b	RE	RE
71	Diagnosis of inflammatory carcinoma WITHOUT a clinical description of inflammation, erythema, edema, peau d'orange, etc., of more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS	T4b	RE	RE
72	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc. of LESS THAN OR EQUAL TO 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4b	RE	RE
73	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., of more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4d	RE	RE
95	No evidence of primary tumor	T0	U	U

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99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
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* For Extension codes 10, 20, and 30 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this site.

** For codes 05 and 07 ONLY, summary stage is assigned based on the value of Behavior Code ICD-0-3 as shown in the Extension Behavior Table for this site.

Breast

CS TS/Ext-Eval

SEE STANDARD TABLE

Breast

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are greater than 0.2 mm and code the lymph nodes as positive in this field. Use code 60 in the absence of other information about regional nodes.

Note 3: If no lymph nodes were removed surgically, then use only the following codes for clinical evaluation of axillary nodes: 00 - Clinically negative 50 - Fixed/matted nodes, 60 - Clinically positive axillary nodes 99 - Unknown/not stated.

Note 4: If pre-surgical therapy was given and there is a clinical evaluation (positive or negative) of lymph nodes, then use only the following codes for clinical evaluation of axillary nodes: 00 - Clinically negative 50 - Fixed/matted nodes 60 - Clinically positive axillary nodes AND Code a '5' in the nodes evaluation field. If there is no clinical evaluation of nodes, use the information from the pathologic evaluation and code a '6' in the nodes evaluation field.

Note 5: Isolated tumor cells (ITC) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods but which may be verified on H and E stains. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction). Lymph nodes with ITCs only are not considered positive lymph nodes.

Note 6: Codes 13-50 are used for positive axillary nodes without internal mammary nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement, including ITCs detected by immunohistochemistry or molecular methods ONLY. (See Note 5 and Site-specific Factors 4 and 5.)	*	NONE	NONE
05	Regional lymph node(s) with (ITCs) detected on routine H and E stains. (See Note 5)	N0(i+)	NONE	NONE
13	Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected by immunohistochemical (IHC) means ONLY (at least one micrometastasis greater than 0.2 mm and all micrometastases less than or equal to 2 mm)	N1mi	RN	RN
15	Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected or verified on H&E (at least one micrometastasis greater than 0.2 mm and all micrometastases less than or equal to 2 mm) Micrometastasis, NOS	N1mi	RN	RN
25	Movable axillary lymph node(s), ipsilateral, positive with more than micrometastasis (i.e., at least one metastasis greater than 2 mm)	**	RN	RN
26	Stated as N1, NOS	**	RN	RN
28	Stated as N2, NOS	**	RN	RN

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50	Fixed/matted ipsilateral axillary nodes, positive with more than micrometastasis (i.e., at least one metastasis greater than 2 mm) Fixed/matted ipsilateral axillary nodes, NOS	**	RN	RN
60	Axillary/regional lymph node(s), NOS Lymph nodes NOS	**	RN	RN
71	Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent (no positive imaging or clinical exam) WITHOUT axillary lymph node(s), ipsilateral	**	RN	RN
72	Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent (no positive imaging or clinical exam) WITH axillary lymph node(s), ipsilateral	**	RN	RN
73	Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent (no positive imaging or clinical exam) UNKNOWN if positive axillary lymph node(s), ipsilateral	**	RN	RN
74	Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) WITHOUT axillary lymph node(s), ipsilateral	N2b	RN	RN
75	Infraclavicular lymph node(s) (subclavicular)	N3a	D	RN
76	Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) WITH axillary lymph node(s), ipsilateral, codes 15 to 60 WITH or WITHOUT infraclavicular lymph node(s)	N3b	RN	RN
77	Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) UNKNOWN if positive axillary lymph node(s), ipsilateral	N2b	RN	RN
78	(75) + (77)	N3a	D	RN
79	Stated as N3, NOS	N3NOS	RN	RN
80	Supraclavicular node(s)	N3c	D	D
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

* For code 00 ONLY, the N category is assigned based on the coding of Site-Specific Factors 4 and 5 using the IHC MOL Table for this site.

**For codes 25, 26, 28, 50, 60, 71, 72, and 73 ONLY, the N category is assigned based on the value of Site-Specific Factor 3, Number of Positive Ipsilateral Axillary LymphNodes. See Lymph Nodes Positive Axillary Nodes Table.

Breast

CS Reg Nodes Eval

SEE STANDARD TABLE

Breast

Reg LN Pos

Note 1: Record this field even if there has been preoperative treatment.

Note 2: Lymph nodes with only isolated tumor cells (ITCs) are NOT counted as positive lymph nodes. Only lymph nodes with metastases greater than 0.2mm (micrometastases or larger) should be counted as positive. If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are > 0.2mm and code the lymph nodes as positive in this field.

Note 3: Record all positive regional lymph nodes in this field. Record the number of positive regional axillary nodes separately in the appropriate Site-Specific Factor field.

Code	Description
00	All nodes examined negative.
01-89	1 - 89 nodes positive (code exact number of nodes positive)
90	90 or more nodes positive
95	Positive aspiration of lymph node(s)
97	Positive nodes - number unspecified
98	No nodes examined
99	Unknown if nodes are positive; not applicable Not documented in patient record

Breast

Reg LN Exam

SEE STANDARD TABLE

Breast

CS Mets at DX

Note: Supraclavicular (transverse cervical) is moved to CS Lymph Nodes.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Cervical, NOS Contralateral/bilateral axillary and/or internal mammary Other than above Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
42	Further contiguous extension: Skin over: Axilla Contralateral (opposite) breast Sternum Upper abdomen	M1	D	D

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44	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	M1	D	D
50	(10) + any of [(40) to (44)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Breast

CS Mets Eval

SEE STANDARD TABLE

Breast

CS Site-Specific Factor 1 Estrogen Receptor Assay (ERA)

Code	Description
000	Test not done (test was not ordered and was not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 2 Progesterone Receptor Assay (PRA)

Code	Description
000	Test not done (test was not ordered and was not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline, undetermined whether positive or negative
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 3 Number of Positive Ipsilateral Axillary Lymph Nodes

Note 1: Record this field even if there has been preoperative treatment.

Note 2: Lymph nodes with only isolated tumor cells (ITCs) are NOT counted as positive lymph nodes. Only lymph nodes with metastases greater than 0.2 mm (micrometastases or larger) should be counted as positive. If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are greater than 0.2 mm and code the lymph nodes as positive in this field.

Code	Description
000	All ipsilateral axillary nodes examined negative
001-089	1 - 89 nodes positive (code exact number of nodes positive)
090	90 or more nodes positive
095	Positive aspiration of lymph node(s)
097	Positive nodes - number unspecified
098	No axillary nodes examined
099	Unknown if axillary nodes are positive; not applicable Not documented in patient record

Breast

CS Site-Specific Factor 4 Immunohistochemistry (IHC) of Regional Lymph Nodes

Note 1: Use codes 000-009 only to report results of IHC on otherwise histologically negative lymph nodes on routine H and E stains, i.e., only when CS Lymph Nodes is coded 00. Otherwise code 888 in this field.

Note 2: Isolated tumor cells (ITC) are defined as single tumor cells or small clusters 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods (RT-PCR: Reverse Transcriptase Polymerase Chain Reaction) but which may be verified on H and E stains. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction.)

Note 3: If it is unstated whether or not IHC tests were done, assume they were not done.

Code	Description
000	Regional lymph nodes negative on H and E, no IHC studies done or unknown if IHC studies done Nodes clinically negative, not examined pathologically
001	Regional lymph nodes negative on H and E, IHC studies done, negative for tumor
002	Regional lymph nodes negative on H and E, IHC studies done, positive for ITCs (tumor cell clusters not greater than 0.2mm)
009	Regional lymph nodes negative on H and E, positive for tumor detected by IHC, size of tumor cell clusters or metastases not stated
888	Not applicable CS Lymph Nodes not coded 00 or 05

Breast

CS Site-Specific Factor 5 Molecular Studies of Regional Lymph Nodes

Note 1: Use codes 000-002 only to report results of molecular studies on otherwise histologically negative lymph nodes on routine H and E stains, i.e., only when CS Lymph Nodes is coded 00. Otherwise code 888 in this field.

Note 2: Isolated tumor cells (ITC) are defined as single tumor cells or small clusters less than or equal to 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods (RT-PCR: Reverse Transcriptase

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Polymerase Chain Reaction) but which may be verified on H and E stains. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction.)

Note 3: If it is not stated whether molecular tests were done, assume they were not done.

Code	Description
000	Regional lymph nodes negative on H and E, no RT-PCR molecular studies done or unknown if RT-PCR studies done Nodes clinically negative, not examined pathologically
001	Regional lymph nodes negative on H and E, RT-PCR molecular studies done, negative for tumor
002	Regional lymph nodes negative on H and E, RT-PCR molecular studies done, positive for tumor
888	Not applicable CS Lymph Nodes not coded 00

Breast

CS Site-Specific Factor 6 Size of Tumor--Invasive Component

Note 1: Record the code that indicates how the tumor size coded in CS Tumor Size was determined.

Note 2: For this field, "mixed" indicates a tumor with both invasive and in situ components. Such a "mixed" tumor may be a single histology such as mixed infiltrating ductal and ductal carcinoma in situ or combined histology such as mixed infiltrating ductal and lobular carcinoma in situ. "Pure" indicates a tumor that contains only invasive or only in situ tumor.

Note 3: This information is collected for analytic purposes and does not affect the stage grouping algorithm. Different codes in this field may explain differences in outcome for patients in the same T category or stage group. Example: Patient 1 has a "mixed" (see Note 2) tumor measuring 2.5 cm with extensive areas of in situ tumor, and the size of the invasive component is not stated. This would be coded 025 in CS Tumor Size, and would be classified as T2. It would be coded 040 in Site-Specific Factor 6. Patient 2 has a purely invasive tumor measuring 2.5 cm. This would also be coded 025 in CS Tumor Size and would also be classified as T2. However, it would be coded 000 in Site-Specific Factor 6. Patient 1's tumor would probably have a better survival than Patient 2's tumor, since it would more likely be a T1 lesion if the true dimensions of the invasive component were known.

Code	Description
000	Entire tumor reported as invasive (no in situ component reported)
010	Entire tumor reported as in situ (no invasive component reported)
020	Invasive and in situ components present, size of invasive component stated and coded in CS Tumor Size
030	Invasive and in situ components present, size of entire tumor coded in CS Tumor Size because size of invasive component not stated AND in situ described as minimal (less than 25%)
040	Invasive and in situ components present, size of entire tumor coded in CS Tumor Size because size of invasive component not stated AND in situ described as extensive (25% or more)
050	Invasive and in situ components present, size of entire tumor coded in CS Tumor Size because size of invasive component not stated AND proportions of in situ and invasive not known
060	Invasive and in situ components present, unknown size of tumor (CS Tumor Size coded 999)
888	Unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor. (See Note 2.)

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Site-Specific Surgery Codes

Breast

C500–C509

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

19 Local tumor destruction, NOS

No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

20 Partial mastectomy, NOS; less than total mastectomy, NOS

21 Partial mastectomy WITH nipple resection

22 Lumpectomy or excisional biopsy

23 Reexcision of the biopsy site for gross or microscopic residual disease

24 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded **20–24** remove **the gross primary tumor** and some of the breast tissue (breast-conserving or preserving). There may be microscopic residual tumor.

30 Subcutaneous mastectomy

A subcutaneous mastectomy is the removal of breast tissue without the nipple and areolar complex or overlying skin

[**SEER Note:** This procedure is rarely used to treat malignancies]

40 **Total** (simple) **mastectomy**, NOS

41 WITHOUT removal of uninvolved contralateral breast

43 Reconstruction, NOS

44 Tissue

45 Implant

46 Combined (Tissue and implant)

42 WITH removal of uninvolved contralateral breast

47 Reconstruction, NOS

48 Tissue

49 Implant

75 Combined (Tissue and implant)

[**SEER Notes:** If axillary lymph nodes are present in the specimen, code the Surgery of Primary Site field to 51. If there are no axillary lymph nodes present in the specimen, code the Surgery of Primary Site field to 41. Placement of a tissue expander at the time of original surgery means that reconstruction is planned as part of the first course of treatment.]

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done.

For **single** primaries only, code removal of involved contralateral breast under the data item **Surgical Procedure/Other Site** (NAACCR Item # 1294)

If **contralateral breast** reveals a **second primary**, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

- 50 Modified radical mastectomy
 - 51 WITHOUT removal of uninvolved contralateral breast
 - 53 Reconstruction, NOS
 - 54 Tissue
 - 55 Implant
 - 56 Combined (Tissue and Implant)
 - 52 WITH removal of uninvolved contralateral breast
 - 57 Reconstruction, NOS
 - 58 Tissue
 - 59 Implant

63 Combined (Tissue and Implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle. If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

For single primaries only, code removal of involved contralateral breast under the data item Surgical Procedure/Other Site (NAACCR Item # 1294)

[SEER Notes: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen. “Tissue” for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment. Assign code 51 or 52 if a patient has an excisional biopsy and axillary dissection followed by a simple mastectomy during the first course of therapy.]

- 60 **Radical** mastectomy, NOS
 - 61 WITHOUT removal of uninvolved contralateral breast
 - 64 Reconstruction, NOS
 - 65 Tissue
 - 66 Implant
 - 67 Combined (Tissue and Implant)
 - 62 WITH removal of uninvolved contralateral breast
 - 68 Reconstruction, NOS
 - 69 Tissue

73 Implant

74 Combined (Tissue and Implant)

[SEER Notes: Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes en bloc axillary dissection. Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.]

- 70 Extended radical mastectomy
 - 71 WITHOUT removal of uninvolved contralateral breast
 - 72 WITH removal of uninvolved contralateral breast

[SEER Note: Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes removal of internal mammary nodes and en bloc axillary dissection.]

80 Mastectomy, NOS

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

Collaborative Staging Codes

Vulva (incl. Skin of Vulva)

[excl. Melanoma of Vulva, Kaposi Sarcoma of vulva, Mycosis Fungoides of vulva, Sezary Disease of vulva, and Other Lymphomas of vulva]

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

Note: This schema is NOT used for Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides, Sezary Disease, or Other Lymphomas. Each of these diseases has a separate schema.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Special Extension Size Table 1 Special Extension Size Table 2 Special Extension Size Table 3
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Vulva (incl. Skin of Vulva)

CS Tumor Size

SEE STANDARD TABLE

Vulva (incl. Skin of Vulva)

CS Extension

Note 1: FIGO Stage 1, 1A and 1B are defined by size of tumor (less than or equal to 2 cm), involvement of vulva or vulva and perineum, and depth of stromal invasion as defined in codes 10, 11, 12, 30, 40, 41, and 42. FIGO Stage II is greater than 2 cm, but would be coded in the same range of codes.

Note 2: The depth of invasion is defined as the measurement of the tumor from the epithelial-stromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.

Code	Description	TNM	SS77	SS2000
00	In situ: Noninvasive; intraepithelial Bowen's disease, intraepidermal; preinvasive carcinoma FIGO Stage 0	Tis	IS	IS
10	Invasive cancer confined to: Musculature Submucosa Vulva including skin	*	L	L
11	Vulva only: Stromal invasion less than or equal to 1 mm	**	L	L
12	Vulva only: Stromal invasion greater than 1 mm	***	L	L
30	Localized, NOS	*	L	L
40	Vulva and perineum, level of invasion in mm not stated	*	RE	RE
41	Vulva and perineum, stromal invasion less than or equal to 1 mm	**	RE	RE

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42	Vulva and perineum, stromal invasion greater than 1 mm	***	RE	RE
60	Anus Perianal skin Urethra (See code 75 for upper urethral mucosa) Vagina FIGO Stage III	T3	RE	RE
62	Bladder wall or bladder, NOS excluding mucosa Rectal wall or rectum, NOS excluding mucosa	T3	D	RE
70	Perineal body Rectal mucosa	T4	D	D
75	Bladder mucosa Fixed to pubic bone Upper urethral mucosa FIGO Stage IVA	T4	D	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For Extension codes 10, 30, and 40 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Special Extension Size Table 1 for this site.

** For Extension codes 11 and 41 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Special Extension Size Table 2 for this site.

*** For Extension codes 12 and 42 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Special Extension Size Table 3 for this site.

Vulva (incl. Skin of Vulva)

CS TS/Ext-Eval

SEE STANDARD TABLE

Vulva (incl. Skin of Vulva)

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Unilateral regional lymph nodes: Inguinal, NOS: Deep inguinal, NOS: Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial inguinal (femoral) Regional lymph node(s), NOS (unilateral) FIGO Stage III	N1	RN	RN
50	Bilateral or contralateral regional lymph nodes: Inguinal, NOS: Deep inguinal, NOS: Node of Cloquet or Rosenmuller (highest deep inguinal)	N2	RN	RN

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50, cont'd	Superficial inguinal (femoral) Regional lymph node(s), NOS (bilateral or contralateral) FIGO Stage IVA			
60	Regional lymph node(s), NOS (not stated if unilateral, bilateral or contralateral)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Vulva (incl. Skin of Vulva)

CS Reg Nodes Eval

SEE STANDARD TABLE

Vulva (incl. Skin of Vulva)

Reg LN Pos

SEE STANDARD TABLE

Vulva (incl. Skin of Vulva)

Reg LN Exam

SEE STANDARD TABLE

Vulva (incl. Skin of Vulva)

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	D	D
11	Distant lymph node(s): External iliac	M1	RN	D
12	Distant lymph node(s): Internal iliac (hypogastric) Obturator Pelvic, NOS	M1	D	D
13	Distant lymph node(s) other than code 11 and 12, including common iliac	M1	D	D
40	Distant metastases other than distant lymph node(s) (codes 10 to 13) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) to (13)] Distant lymph node(s) plus other distant metastases	M1	D	D

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99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U
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Vulva (incl. Skin of Vulva)

CS Mets Eval

SEE STANDARD TABLE

Vulva (incl. Skin of Vulva)

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Vulva (incl. Skin of Vulva)

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Vulva (incl. Skin of Vulva)

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Vulva (incl. Skin of Vulva)

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Vulva (incl. Skin of Vulva)

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Vulva (incl. Skin of Vulva)

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Vagina

C52.9

C52.9 Vagina, NOS

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Vagina

CS Tumor Size

SEE STANDARD TABLE

Vagina

CS Extension

Note: According to AJCC, pelvic wall is defined as muscle, fascia, neurovascular structures, or skeletal portions of the bony pelvis.

Code	Description	TNM	SS77	SS2000
00	In situ: Noninvasive; intraepithelial FIGO Stage 0	Tis	IS	IS
10	Invasive cancer confined to Submucosa (stroma) (vagina) FIGO Stage I	T1	L	L
20	Musculature involved	T1	L	L
30	Localized, NOS	T1	L	L
40	Cervix Paravaginal soft tissue Rectovaginal septum Vesicovaginal septum Vulva FIGO Stage II	T2	RE	RE
50	Cul de sac (rectouterine pouch) FIGO Stage II	T2	RE	RE
52	Extension to bladder wall or bladder, NOS excluding mucosa Rectal wall or rectum, NOS excluding mucosa	T3	D	RE
60	Extension to pelvic wall Described clinically as "frozen pelvis", NOS FIGO Stage III	T3	D	RE
70	Extension to bladder mucosa (excluding bullous edema) or rectal mucosa FIGO Stage IVA	T4	D	D

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80	Extension beyond true pelvis Extension to urethra FIGO Stage IVA, not further specified	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Vagina

CS TS/Ext-Eval

SEE STANDARD TABLE

Vagina

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	All parts of vagina, regional nodes: Pelvic lymph nodes: Iliac, NOS: Common External Internal (hypogastric) Obturator Middle sacral (promontorial) (Gerota's node)	N1	RN	RN
20	Lower third of vagina, regional nodes: Ipsilateral: Inguinal, NOS: Superficial inguinal (femoral)	N1	D	RN
30	Lower third of vagina, regional nodes: Bilateral: Inguinal, NOS: Superficial inguinal (femoral)	N1	D	RN
40	Upper two-thirds of vagina, regional nodes: Pelvic lymph node(s), NOS	N1	D	RN
50	Regional lymph node(s), unknown whether primary is in upper or lower vagina Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Vagina

CS Reg Nodes Eval

SEE STANDARD TABLE

Vagina

Reg LN Pos

SEE STANDARD TABLE

Vagina

Reg LN Exam

SEE STANDARD TABLE

Vagina

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	D	D
11	Distant lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Inguinal (for primary in upper two-thirds of vagina only) Retroperitoneal, NOS	M1	D	D
12	Distant lymph node(s) other than code 11	M1	D	D
40	Distant metastases except distant lymph node(s) (codes 10 to 12) FIGO Stage IVB Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) to (12)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Vagina

CS Mets Eval

SEE STANDARD TABLE

Vagina

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Vagina

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Vagina

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Vagina

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Vagina

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Vagina

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, **C510–C519, C529**, C570–C579, C589, C600–C609, C630–C639, C680–C689, C690–C699, C740–C749, C750–C759

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14

20 **Local tumor excision**, NOS

26 Polypectomy

27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

[SEER Note: Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 **Total surgical removal** of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “**debulking**”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[SEER Note: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

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Collaborative Staging Codes

Cervix Uteri

C53.0-C53.1, C53.8-C53.9

C53.0 Endocervix

C53.1 Exocervix

C53.8 Overlapping lesion of cervix

C53.9 Cervix uteri

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Cervix Uteri

CS Tumor Size

SEE STANDARD TABLE

Cervix Uteri

CS Extension

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

Code	Description	TNM	SS77	SS2000
00	In situ: Preinvasive; noninvasive; intraepithelial Cancer in situ WITH endocervical gland involvement FIGO Stage 0	Tis	IS	IS
01	CIN (Cervical intraepithelial neoplasia) Grade III	Tis	IS	IS
11	Minimal microscopic stromal invasion less than or equal to 3 mm in depth and less than or equal to 7 mm in horizontal spread FIGO Stage IA1	T1a1	L	L
12	"Microinvasion" Tumor WITH invasive component greater than 3 mm and less than or equal to 5 mm in depth, taken from the base of the epithelium, and less than or equal to 7 mm in horizontal spread FIGO Stage IA2	T1a2	L	L
20	Invasive cancer confined to cervix and tumor larger than that in code 12 FIGO Stage IB	*	L	L
25	Invasive cancer confined to cervix and clinically visible lesion	*	L	L
30	Localized, NOS Confined to cervix uteri or uterus, NOS, except corpus uteri, NOS (Not clinically visible or unknown if clinically visible.)	*	L	L
31	FIGO Stage I, not further specified	*	L	L
35	Corpus uteri, NOS	T1NOS	RE	RE

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36	(35) + (11)	T1a1	RE	RE
37	(35) + (12)	T1a2	RE	RE
38	(35) + [(20) or (25)]	*	RE	RE
39	(35) + [(30) or (31)]	*	RE	RE
40	Extension to: Cul de sac (rectouterine pouch) Upper 2/3's of vagina including fornices Vagina, NOS Vaginal wall, NOS FIGO Stage IIA FIGO Stage II, NOS	T2a	RE	RE
50	Extension to: Ligament(s): Broad Cardinal Uterosacral Parametrium (paracervical soft tissue) FIGO Stage IIB	T2b	RE	RE
60	Extension to: Bladder wall Bladder, NOS excluding mucosa Bullous edema of bladder mucosa Lower 1/3 of vagina Rectal wall Rectum, NOS excluding mucosa FIGO Stage IIIA	T3a	RE	RE
62	Extension to: Ureter, intra- and extramural Vulva FIGO Stage IIIA	T3a	D	RE
63	Tumor causes hydronephrosis or nonfunctioning kidney FIGO Stage IIIB	T3b	RE	RE
65	Extension to pelvic wall(s) (Described clinically as "frozen pelvis", NOS) FIGO Stage IIIB	T3b	D	RE
68	Extension to: Fallopian tube Ovary(ies) Urethra	T3NOS	D	RE
70	Extension to rectal or bladder mucosa (Note: for bullous edema of bladder mucosa, see code 60.) FIGO Stage IVA	T4	D	D
80	Further contiguous extension beyond true pelvis Sigmoid colon Small intestine FIGO Stage IVA, not further specified	T4	D	D
95	No evidence of primary tumor	T0	U	U

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99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
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* For Extension codes 20, 25, 30, 31, 38 and 39, the T category is assigned based on the CS Tumor Size, as shown in the Extension Size Table for this site.

Cervix Uteri

CS TS/Ext-Eval

SEE STANDARD TABLE

Cervix Uteri

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.

Note 3: If either exploratory or definitive surgery is done with no mention of lymph nodes, assume nodes are negative, code 00.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Iliac, NOS: Common External Internal (hypogastric) Obturator Paracervical Parametrial Pelvic, NOS Sacral, NOS: Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Uterosacral Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Cervix Uteri

CS Reg Nodes Eval

SEE STANDARD TABLE

Cervix Uteri

Reg LN Pos

SEE STANDARD TABLE

Cervix Uteri
Reg LN Exam
SEE STANDARD TABLE

Cervix Uteri
CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) including: Aortic (para-, peri-, lateral) Inguinal (femoral) Mediastinal Distant lymph node(s), NOS FIGO Stage IV	M1	D	D
40	Distant metastases, except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Cervix Uteri
CS Mets Eval
SEE STANDARD TABLE

Cervix Uteri
CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Cervix Uteri
CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Cervix Uteri
CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Cervix Uteri

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Cervix Uteri

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Cervix Uteri

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Site-Specific Surgery Codes

Cervix Uteri

C530–C539

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

[**SEER Note:** For invasive cancers, dilation and curettage is NOT coded as Surgery of Primary Site]

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**
- 10 Local tumor destruction, NOS
 - 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser
 - 15 Loop Electrocautery Excision Procedure (LEEP)
 - 16 Laser ablation
 - 17 Thermal ablation

No specimen sent to pathology from surgical events 10–17

- 20 **Local tumor excision**, NOS
 - 26 Excisional biopsy, NOS
 - 27 Cone biopsy
 - 24 Cone biopsy WITH gross excision of lesion
 - 29 Trachelectomy; removal of cervical stump; cervicectomy

Any combination of 20, 24, 26, 27 or 29 WITH

- 21 Electrocautery
- 22 Cryosurgery
- 23 Laser ablation or excision

[**SEER Note:** Codes 21 to 23 above combine 20 Local tumor excision, 24 Cone biopsy WITH gross excision of lesion, 26 Excisional biopsy, NOS, 27 Cone biopsy or 29 Trachelectomy, removal of cervical stump; cervicectomy with 21 Electrocautery, 22 Cryosurgery, 23 Laser ablation or excision]

- 25 Dilatation and curettage; endocervical curettage (for insitu only)
- 28 Loop electrocautery excision procedure (LEEP)

[**SEER Notes:** Margins of resection may have microscopic involvement. Procedures in code 20 include but are not limited to: cryosurgery, electrocautery, excisional biopsy, laser ablation, thermal ablation.]

Specimen sent to pathology from surgical events 20–29

- 30 Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries
Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff
- 40 Total hysterectomy (simple, pan-) WITH removal of tubes and/or ovary
Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff

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- 50 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
 - 51 Modified radical hysterectomy
 - 52 Extended hysterectomy
 - 53 Radical hysterectomy; Wertheim procedure
 - 54 Extended radical hysterectomy

- 60 Hysterectomy, NOS, WITH or WITHOUT removal of tubes and ovaries
 - 61 WITHOUT removal of tubes and ovaries
 - 62 WITH removal of tubes and ovaries

- 70 Pelvic exenteration
 - 71 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

- 72 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site].

- 73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

- 74 Extended exenteration

Includes pelvic blood vessels or bony pelvis

- 90 Surgery, NOS

- 99 **Unknown** if surgery performed; **death certificate** ONLY

Collaborative Staging Codes

Corpus Uteri; Uterus, NOS (excluding Placenta)

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

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Tumor Size

SEE STANDARD TABLE

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Extension

Note 1: According to the AJCC, extension to the bowel or bladder mucosa must be proven by biopsy in order to rule out bullous edema.

Note 2: Since "cancer cells in ascites or in peritoneal washings" was not specifically categorized in the 1977 Summary Stage Guide, is unclear to which stage previous cases may have been coded.

Code	Description	TNM	SS77	SS2000
00	In situ: preinvasive; noninvasive; intraepithelial Cancer in situ FIGO Stage 0	Tis	IS	IS
10	FIGO Stage I not further specified Invasive cancer confined to corpus uteri	T1NOS	L	L
11	Confined to endometrium (stroma) FIGO Stage IA	T1a	L	L
12	Tumor invades less than one-half of myometrium Invasion of inner half of myometrium FIGO Stage IB	T1b	L	L
13	Tumor invades one-half or more of myometrium Invasion of outer half of myometrium FIGO Stage IC	T1c	L	L
14	Invasion of myometrium, NOS	T1NOS	L	L
16	Serosa of corpus (tunica serosa)	T1NOS	L	L

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40	Localized, NOS	T1NOS	L	L
50	Cervix uteri, NOS, but not beyond uterus FIGO Stage II, NOS	T2NOS	RE	RE
51	Endocervical glandular involvement only FIGO Stage IIA	T2a	RE	RE
52	Cervical stromal invasion FIGO Stage IIB	T2b	RE	RE
60	Extension or metastasis within true pelvis: Adnexa Fallopian tube(s) Ligaments: Broad, round, uterosacral Ovary(ies) Parametrium Pelvic serosa Tunica serosa FIGO Stage IIIA FIGO Stage III, NOS	T3a	RE	RE
61	Cancer cells in ascites Cancer cells in peritoneal washings FIGO Stage IIIA	T3a	RE	RE
62	Ureter and vulva	T3a	D	RE
64	Extension or metastasis to vagina FIGO Stage IIIB	T3b	D	RE
65	Extension or metastasis to pelvic wall(s) Described clinically as "frozen pelvis", NOS FIGO Stage IIIB	T3b	RE	RE
66	Extension or metastasis to: Bladder wall Bladder, NOS excluding mucosa Rectal wall Rectum, NOS excluding mucosa FIGO Stage IIIB	T3b	RE	RE
67	[(65) or (66)] and [(62) or (64)]	T3b	D	RE
70	Extension to bowel mucosa or bladder mucosa (excluding bullous edema) FIGO Stage IVA FIGO Stage IVNOS	T4	D	D
80	Further contiguous extension Abdominal serosa (peritoneum) Cul de sac Sigmoid colon Small intestine	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Corpus Uteri; Uterus, NOS (excluding Placenta)
CS TS/Ext-Eval
SEE STANDARD TABLE

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.

Note 3: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

Note 4: Regional nodes includes bilateral and contralateral involvement of named nodes.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Iliac, NOS: Common External Internal (hypogastric) Obturator Paracervical Parametrial Pelvic, NOS Sacral, NOS: Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Uterosacral	N1	RN	RN
20	Regional lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic	N1	RN	RN
50	Regional lymph node(s): FIGO Stage IIIC, NOS	N1	RN	RN
80	Regional lymph node(s), NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Corpus Uteri; Uterus, NOS (excluding Placenta)
CS Reg Nodes Eval
SEE STANDARD TABLE

Corpus Uteri; Uterus, NOS (excluding Placenta)

Reg LN Pos

SEE STANDARD TABLE

Corpus Uteri; Uterus, NOS (excluding Placenta)

Reg LN Exam

SEE STANDARD TABLE

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
11	Distant lymph node(s): Superficial inguinal	M1	RN	D
12	Distant lymph node(s) other than code 11: Deep inguinal, NOS: Node of Cloquet or Rosenmuller (highest deep inguinal) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases, except distant lymph node(s) (codes 11-12) Distant metastasis, NOS Carcinomatosis Stage IVB Stage IV, NOS	M1	D	D
50	(40) + any of [(11) or (12)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Mets Eval

SEE STANDARD TABLE

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Site-Specific Surgery Codes

Corpus Uteri

C540–C559

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

[**SEER Note:** For invasive cancers, dilation and curettage is NOT coded as Surgery of Primary Site]

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to **pathology** for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Loop Electrocautery Excision Procedure (LEEP)

16 Thermal ablation

No specimen sent to pathology from surgical events 10–16

20 Local tumor excision, NOS; simple excision, NOS

24 Excisional biopsy

25 Polypectomy

26 Myomectomy

Any **combination** of 20 or 24–26 WITH

21 Electrocautery

22 Cryosurgery

23 Laser ablation or excision

[**SEER Note:** Codes 21 to 23 above combine 20 Local tumor excision, 24 Excisional biopsy, 25 Polypectomy, or 26 Myomectomy with 21 Electrocautery, 22 Cryosurgery or 23 Laser ablation or excision]

Specimen sent to pathology from surgical events 20–26

[**SEER Note:** Margins of resection may have microscopic involvement]

30 **Subtotal hysterectomy/supracervical hysterectomy/fundectomy** WITH or WITHOUT removal of tube(s) and ovary(ies)

31 WITHOUT tube(s) and ovary(ies)

32 WITH tube(s) and ovary(ies)

[**SEER Note:** For these procedures, the cervix is left in place]

- 40 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies)
Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.
- 50 Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies)
Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.
- 60 **Modified radical** or **extended** hysterectomy; radical hysterectomy; **extended radical** hysterectomy
61 Modified radical hysterectomy
62 Extended hysterectomy
63 Radical hysterectomy; Wertheim procedure
64 Extended radical hysterectomy
[SEER Note: Use code 63 for “Type III” hysterectomy]
- 65 **Hysterectomy, NOS**, WITH or WITHOUT removal of tube(s) and ovary(ies)
66 WITHOUT removal of tube(s) and ovary(ies)
67 WITH removal of tube(s) and ovary(ies)
- 75 Pelvic exenteration
76 Anterior exenteration
Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.
[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]
- 77 Posterior exenteration
Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.
[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]
- 78 Total exenteration
Includes removal of all pelvic contents and pelvic lymph nodes.
[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]
- 79 Extended exenteration
Includes pelvic blood vessels or bony pelvis
- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate** ONLY

Collaborative Staging Codes

Ovary

C56.9

C56.9 Ovary

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	Carbohydrate Antigen 125 (CA-125)	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

Ovary

CS Tumor Size

SEE STANDARD TABLE

Ovary

CS Extension

Note 1: Ascites WITH malignant cells changes FIGO stages I and II to IC and IIC, respectively. Ascites, NOS is considered negative.

Note 2: "Both extension to and discontinuous metastasis to any of the following pelvic organs is considered FIGO Stage II and coded in the range 50-65: adnexae, NOS; bladder, bladder serosa; broad ligament (mesovarium); cul-de-sac; fallopian tubes; parametrium; pelvic peritoneum; pelvic wall; rectum; sigmoid colon; sigmoid mesentery; ureter; uterus; uterine serosa.

Note 3: Peritoneal implants outside the pelvis (codes 70-73) must be microscopically confirmed. Peritoneal implants may also be called seeding, salting, talcum powder appearance, or studding.

Note 4: If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately (60-64) or (70-73). If the location is not specified, code as 75.

Note 5: Both extension to and discontinuous metastasis to any of the following abdominal organs is considered FIGO Stage III and coded in the range 70-75: abdominal mesentery; diaphragm; gallbladder; infracolic omentum; kidneys; large intestine except rectum and sigmoid colon; liver (peritoneal surface); omentum; pancreas; pericolic gutter; peritoneum, NOS; small intestine; spleen; stomach; ureters.

Note 6: Excludes parenchymal liver nodules, which are coded in CS Mets at DX

Note 7: Since "cancer cells in ascites or in peritoneal washings" was not specifically categorized in the 1977 Summary Stage Guide, it is unclear to which stage previous cases may have been coded.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial; preinvasive	Tis	IS	IS
10	Tumor limited to one ovary, capsule intact, no tumor on ovarian surface, no malignant cells in ascites or peritoneal washings FIGO Stage IA	T1a	L	L
20	Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface, no malignant cells in ascites or peritoneal washings FIGO Stage IB	T1b	L	L
30	Tumor limited to ovaries, unknown if capsule(s) ruptured or if one or both ovaries involved Localized, NOS FIGO Stage I, NOS	T1NOS	L	L

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35	Tumor limited to ovary(ies), capsule(s) ruptured FIGO Stage 1C	T1c	L	RE
36	Tumor on ovarian surface FIGO Stage 1C	T1c	D	RE
41	Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings FIGO Stage 1C	T1c	RE	RE
43	(35) + (41) FIGO Stage 1C	T1c	RE	RE
44	(36) + any of [(35) or (41)] FIGO Stage 1C	T1c	D	RE
50	Extension to or implants on (but no malignant cells in ascites or peritoneal washings): Adnexa, NOS, ipsilateral or NOS Fallopian tube(s), ipsilateral or NOS FIGO Stage IIA	T2a	RE	RE
52	Extension to or implants on (but no malignant cells in ascites or peritoneal washings): Adnexa, NOS, contralateral Fallopian tube(s), contralateral Uterus FIGO Stage IIA	T2a	D	RE
60	Extension to or implants on other pelvic structures (but no malignant cells in ascites or peritoneal washings): Pelvic tissue: Adjacent peritoneum Ligament(s): Broad, ipsilateral, NOS Ovarian Round Suspensory Mesovarium, ipsilateral, NOS Pelvic wall FIGO Stage IIB	T2b	RE	RE
61	Extension to or implants on other pelvic structures (but no malignant cells in ascites or peritoneal washings): Broad ligament(s), contralateral Mesovarium, contralateral FIGO Stage IIB	T2b	D	RE
62	WITH malignant cells in ascites or peritoneal washings [(50) and/or (60)] FIGO Stage IIC	T2c	RE	RE
63	WITH malignant cells in ascites or peritoneal washings [(52) and/or (61)] FIGO Stage IIC	T2c	D	RE
64	(61) WITH malignant cells in ascites or peritoneal washings FIGO IIC	T2c	D	RE

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65	Tumor involves one or both ovaries with pelvic extension, NOS FIGO Stage II, NOS	T2NOS	RE	RE
70	Microscopic peritoneal implants beyond pelvis, including peritoneal surface/capsule of liver FIGO Stage IIIA (See Note 5)	T3a	D	D
71	Macroscopic peritoneal implants beyond pelvis, less than or equal to 2 cm in diameter, including peritoneal surface of liver FIGO Stage IIIB (See Note 5)	T3b	D	D
72	Peritoneal implants beyond pelvis, greater than 2 cm in diameter, including peritoneal surface of liver (liver capsule) FIGO Stage IIIC (See Note 5)	T3c	D	D
73	Tumor involves one or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis, NOS FIGO Stage III, NOS (See Note 5)	T3NOS	D	D
75	Peritoneal implants, NOS (See Note 5)	T3NOS	D	D
80	Further contiguous extension	T3NOS	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Ovary

CS TS/Ext-Eval

SEE STANDARD TABLE

Ovary

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved, code "00".

Note 3: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

Note 4: Regional nodes includes bilateral and contralateral involvement of named nodes.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Iliac, NOS: Common External Internal (hypogastric), NOS Obturator Pelvic, NOS	N1	RN	RN
12	Regional lymph node(s): Lateral sacral (laterosacral)	N1	D	RN

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20	Regional lymph node(s): Aortic (para-, peri-, lateral) Retroperitoneal, NOS	N1	RN	RN
30	Regional lymph node(s): Inguinal	N1	D	RN
40	(10) + (20)	N1	RN	RN
42	[(12) or (30)] + [(10) or (20)]	N1	D	RN
50	Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Ovary

CS Reg Nodes Eval

SEE STANDARD TABLE

Ovary

Reg LN Pos

SEE STANDARD TABLE

Ovary

Reg LN Exam

SEE STANDARD TABLE

Ovary

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	D	D
40	Distant metastases, except distant lymph node(s) (code 10), including: Liver parenchymal metastasis Pleural effusion WITH positive cytology Distant metastasis, NOS Carcinomatosis Stage IV, NOS	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Ovary

CS Mets Eval

SEE STANDARD TABLE

Ovary

CS Site-Specific Factor 1 Carbohydrate Antigen 125 (CA-125)

Code	Description
000	Test None Done
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
999	Not documented in patient record Unknown or no information

Ovary

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Ovary

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Ovary

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Ovary

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Ovary

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Site-Specific Surgery Codes

Ovary

C569

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**
- 17 Local tumor destruction, NOS
- No specimen sent to **pathology** from surgical event 17
- 25 **Total removal of tumor** or (single) **ovary**, NOS
- 26 Resection of ovary (wedge, subtotal, or partial) **ONLY**, NOS; unknown if hysterectomy done
- 27 **WITHOUT** hysterectomy
- 28 **WITH** hysterectomy
- Specimen sent to **pathology** from surgical events 25–28
- 35 Unilateral (salpingo-) oophorectomy; unknown if hysterectomy done
- 36 **WITHOUT** hysterectomy
- 37 **WITH** hysterectomy
- [SEER Note:** Use code 37 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy]
- 50 Bilateral (salpingo-) oophorectomy; unknown if hysterectomy done
- 51 **WITHOUT** hysterectomy
- 52 **WITH** hysterectomy
- [SEER Note:** Use code 52 for current bilateral (salpingo-) oophorectomy with previous history of hysterectomy]
- 55 Unilateral or bilateral (salpingo-) **oophorectomy WITH OMENTECTOMY**, NOS; partial or total; **unknown if hysterectomy** done
- 56 **WITHOUT** hysterectomy
- 57 **WITH** hysterectomy
- 60 Debulking; cytoreductive surgery, NOS
- 61 **WITH** colon (including appendix) and/or small intestine resection (not incidental)
- 62 **WITH** partial resection of urinary tract (not incidental)
- 63 Combination of 61 and 62

Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy). The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy.

[SEER Note: Debulking or cytoreductive surgery is implied by the following phrases (This is not intended to be a complete list. Other phrases may also imply debulking).

Adjuvant treatment pending surgical reduction of tumor
 Ovaries, tubes buried in tumor
 Tumor burden
 Tumor cakes
 Very large tumor mass

Do not code multiple biopsies alone as debulking or cytoreductive surgery. Do not code debulking or cytoreductive surgery based only on the mention of “multiple tissue fragments” or “removal of multiple implants.” Multiple biopsies and multiple specimens confirm the presence or absence of metastasis].

70 Pelvic exenteration, NOS

71 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

72 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

[SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

74 Extended exenteration

Includes pelvic blood vessels or bony pelvis

80 (Salpingo-) oophorectomy, NOS

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

Collaborative Staging Codes

Fallopian Tube

C57.0

C57.0 Fallopian tube

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Fallopian Tube

CS Tumor Size

SEE STANDARD TABLE

Fallopian Tube

CS Extension

Note 1: Positive regional lymph nodes (FIGO Stage IIIC) are coded in the CS Lymph Nodes field.

Note 2: Codes 13 and 71: Since "malignant ascites or malignant peritoneal washings" was not specifically categorized in the 1977 Summary Staging Guide, it is unclear to which stage previous cases may have been coded.

Note 3: Liver capsule metastases are coded to 75-78 in the Extension field; liver parenchymal metastases are coded in the Mets at DX field.

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive, intraepithelial Limited to tubal mucosa FIGO Stage 0	Tis	IS	IS
10	Confined to fallopian tube, NOS FIGO Stage I	T1NOS	L	L
11	Confined to one fallopian tube WITHOUT penetrating serosal surface; no ascites FIGO Stage IA	T1a	L	L
12	Confined to both fallopian tubes WITHOUT penetrating serosal surface; no ascites FIGO Stage IB	T1b	L	L
13	Extension onto or through tubal serosa Malignant ascites Malignant peritoneal washings FIGO Stage IC	T1c	L	L
30	Localized, NOS FIGO Stage I	T1NOS	L	L
35	Pelvic extension, NOS with no malignant cells in peritoneal washings FIGO Stage II	T2NOS	RE	RE

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40	Extension or metastasis to: Corpus uteri Ovary, ipsilateral Uterus, NOS FIGO Stage IIA	T2a	RE	RE
50	Extension or metastasis to: Broad ligament, ipsilateral Mesosalpinx, ipsilateral Peritoneum FIGO Stage IIB	T2b	RE	RE
60	Ovary, contralateral FIGO Stage IIA	T2a	D	RE
65	Extension or metastasis to: Cul de sac (rectouterine pouch) Rectosigmoid Sigmoid Small intestine FIGO IIB	T2b	D	RE
70	Extension or metastasis to: Omentum FIGO Stage IIB	T2b	D	RE
71	Pelvic extension (codes 35 to 70) WITH malignant cells in ascites or peritoneal washings FIGO Stage IIC	T2c	D	RE
75	Peritoneal implants outside the pelvis, NOS FIGO Stage III	T3NOS	D	D
76	Microscopic peritoneal metastasis outside the pelvis FIGO Stage IIIA	T3a	D	D
77	Macroscopic peritoneal metastasis less than or equal to 2 cm outside the pelvis FIGO Stage IIIB	T3b	D	D
78	Peritoneal metastases greater than 2 cm FIGO Stage IIIC	T3c	D	D
80	Further contiguous extension FIGO Stage III	T3NOS	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Fallopian Tube
CS TS/Ext-Eval
SEE STANDARD TABLE

**Fallopian Tube
CS Lymph Nodes**

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.

Note 3: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

Note 4: Regional nodes includes bilateral and contralateral involvement of named nodes.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Iliac, NOS: Common External Internal (hypogastric) Obturator Pelvic, NOS	N1	RN	RN
12	Regional lymph node(s): Lateral sacral (laterosacral) Presacral	N1	D	RN
20	Regional lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Retroperitoneal, NOS	N1	RN	RN
22	(12) + (20)	N1	D	RN
30	Regional lymph node(s): Inguinal	N1	D	RN
50	Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Fallopian Tube
CS Reg Nodes Eval**

SEE STANDARD TABLE

**Fallopian Tube
Reg LN Pos**

SEE STANDARD TABLE

**Fallopian Tube
Reg LN Exam**

SEE STANDARD TABLE

**Fallopian Tube
CS Mets at DX**

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	D	D
40	Distant metastases, except distant lymph node(s) (code 10), including: Liver parenchymal metastasis Pleural effusion WITH positive cytology Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Fallopian Tube
CS Mets Eval
SEE STANDARD TABLE**

**Fallopian Tube
CS Site-Specific Factor 1**

Code	Description
888	Not applicable for this site

**Fallopian Tube
CS Site-Specific Factor 2**

Code	Description
888	Not applicable for this site

**Fallopian Tube
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Fallopian Tube
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

Fallopian Tube

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Fallopian Tube

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes

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

Note: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Broad and Round Ligaments, Parametrium, Uterine Adnexa

CS Tumor Size

SEE STANDARD TABLE

Broad and Round Ligaments, Parametrium, Uterine Adnexa

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	NA	IS	IS
10	Confined to tissue or organ of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Corpus uteri Ovary, ipsilateral Uterus, NOS	NA	RE	RE
50	Fallopian tube for ligaments Mesosalpinx, ipsilateral Peritoneum	NA	RE	RE
70	Cervix uteri Cul de sac (rectouterine pouch) Omentum Ovary, contralateral Rectosigmoid Sigmoid Small intestine	NA	D	D
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS TS/Ext-Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Lymph Nodes**

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Iliac, NOS: Common External Internal (hypogastric): Obturator Inguinal Lateral sacral (laterosacral) Pelvic, NOS Retroperitoneal, NOS Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Reg Nodes Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
Reg LN Pos
SEE STANDARD TABLE**

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
Reg LN Exam
SEE STANDARD TABLE**

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Mets at DX**

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Mets Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Site-Specific Factor 1**

Code	Description
888	Not applicable for this site

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Site-Specific Factor 2**

Code	Description
888	Not applicable for this site

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Site-Specific Factor 5**

Code	Description
888	Not applicable for this site

**Broad and Round Ligaments, Parametrium, Uterine Adnexa
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, **C570–C579**, C589, C600–C609, C630–C639, C680–C689, C690–C699, C740–C749, C750–C759

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14

20 **Local tumor excision**, NOS

26 Polypectomy

27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

[**SEER Note:** Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 **Total surgical removal** of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “**debulking**”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

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**Collaborative Staging Codes
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

Note: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

**Other and Unspecified Female Genital Organs
CS Tumor Size
SEE STANDARD TABLE**

**Other and Unspecified Female Genital Organs
CS Extension**

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	NA	IS	IS
10	Confined to site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue (See definition in General Instructions)	NA	RE	RE
60	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	NA	RE	RE
80	Further contiguous extension: Other organs of pelvis	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Other and Unspecified Female Genital Organs

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Unspecified Female Genital Organs

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	NA	NONE	NONE
10	Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

Other and Unspecified Female Genital Organs

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Unspecified Female Genital Organs

Reg LN Pos

SEE STANDARD TABLE

Other and Unspecified Female Genital Organs

Reg LN Exam

SEE STANDARD TABLE

Other and Unspecified Female Genital Organs

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Other and Unspecified Female Genital Organs

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Unspecified Female Genital Organs

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Other and Unspecified Female Genital Organs

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Other and Unspecified Female Genital Organs

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Other and Unspecified Female Genital Organs

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Other and Unspecified Female Genital Organs

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Other and Unspecified Female Genital Organs

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Placenta

C58.9

C58.9 Placenta

Note 1: This schema correlates to the AJCC's Gestational Trophoblastic Tumors scheme. In most cases, gestational trophoblastic tumors (ICD-O-3 morphology codes 9100-9105) are coded to placenta, C58.9.

Note 2: If a trophoblastic tumor is not associated with a pregnancy and arises in another site, such as ovary, use the primary site code and Collaborative Staging schema for that site.

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	Prognostic Scoring Index Table 1	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

Placenta

CS Tumor Size

SEE STANDARD TABLE

Placenta

CS Extension

Note 1: Substaging of gestational trophoblastic tumors are determined by the value coded in the Prognostic Scoring Index Table, using Site Specific Factor 1. See note in Site Specific Factor 1, Prognostic Index Table to determine the prognostic index score.

Note 2: For this schema, according to AJCC, involvement of genital structures may be either by direct extension or metastasis and is still T2. For Collaborative Staging, metastasis to genital structures should be coded 70 in CS Extension and not coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ: Noninvasive; intraepithelial FIGO Stage 0	Tis	IS	IS
10	Confined to placenta FIGO Stage I	T1	L	L
30	Localized, NOS FIGO Stage 1	T1	L	L
40	Adjacent connective tissue, NOS FIGO Stage II	T2	RE	RE
60	Other genital structures by direct extension or NOS: Broad ligament Cervix Corpus uteri Fallopian tube(s) Genital structures, NOS Ovary(ies) Uterus, NOS Vagina FIGO Stage II	T2	RE	RE

SEER Program Coding and Staging Manual 2004

70	Other genital structures, by metastasis: Broad ligament Cervix Corpus uteri Fallopian tube(s) Genital structures, NOS Ovary(ies) Uterus, NOS Vagina FIGO Stage II	T2	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Note: For codes 10 - 80, the substaging is determined by using the Risk Scores in the Prognostic Scoring Index in Site Specific Factor 1 Table.

Placenta

CS TS/Ext-Eval

SEE STANDARD TABLE

Placenta

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Placenta

Reg Nodes Eval

Code	Description	
9	Does not apply	NA

Placenta

Reg LN Pos

Code	Description
99	Does not apply

Placenta

Reg LN Exam

Code	Description
99	Does not apply

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Placenta

CS Mets at DX

Note 1: All lymph node involvement is considered M1 in TNM, so all lymph node involvement, whether regional or distant nodes, is coded in the field Mets at DX.

Note 2: According to AJCC, metastasis to genital structures is considered T2 and not M1 for GTT. For this Collaborative Staging schema, metastasis to genital structures is coded 70 in CS Extension and not coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Metastasis to lung(s) only, NOS FIGO III	M1a	D	D
20	Regional lymph nodes: Iliac, NOS: Common External Internal (hypogastric), NOS Obturator Parametrial Pelvic, NOS Sacral, NOS: Lateral Presacral Promontory (Gerota's) Uterosacral	M1b	RN	RN
30	Regional lymph nodes: Aortic, NOS: Lateral Para-aortic Periaortic	M1b	RN	RN
35	(20) + (30)	M1b	RN	RN
40	Regional lymph node(s), NOS	M1b	RN	RN
50	Distant lymph node(s), NOS	M1b	D	D
51	Distant lymph node(s): Superficial inguinal (femoral)	M1b	D	D
52	Specified distant lymph node(s) other than in code 51	M1b	D	D
60	Lymph nodes, NOS	M1b	D	D
70	Distant metastases, other than lymph node(s) or lung Distant metastasis, NOS Carcinomatosis	M1b	D	D
80	(70) + any of [(10) to (60)]	M1b	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Placenta

CS Mets Eval

SEE STANDARD TABLE

Placenta

CS Site-Specific Factor 1 Prognostic Scoring Index Table 1

Note: Clinician scoring is recommended. If any one of the factors is unknown, stop trying to assign score, unless you have already determined with the factors you have - low risk or high risk. The score on the Prognostic Scoring Index is used to substage patients. Substage A (low risk) and Substage B (high risk) are assigned on the basis of a non-anatomic risk factor scoring system:

AGE [Score 0: age less than or equal to 40; Score 1: age 40 or more]

ANTECEDENT PREG [Score 0: Hydatidiform mole; Score 1: Abortion; Score 2: Term pregnancy]

MONTHS FROM INDEX PREG [Score 0: less than 4; Score 1: 4 months and less than 7 months; Score 2: 7 months to 12 months; Score 4: More than 12 months]

PRETREATMENT SERUM hCG(IU/ml) [Score 0: <10 to 3rd power, (1,000); Score 1: 10-3rd power to 10-4th power (1,000 to less than 10,000); Score 2: 10-4th power to less than 10-5th power (10,000 to less than 100,000); Score 4: greater than or equal to 10-5th power (100,000 or greater)]

LARGEST TUMOR SIZE, INCLUDING UTERUS [Score 0: < 3 cm; Score 1: 3-<5 cm; Score 2: greater than or equal to 5 cm]

SITES OF METS [Score 0: Lung only or None; Score 1: Spleen, kidney; Score 2: Gastrointestinal tract; Score 4: Liver, brain]

NUMBER OF METS [Score 0: 0; Score 1: 1-4; Score 2: 5-8; Score 4: >8]

PREVIOUS FAILED CHEMOTHERAPY [Score 2: Single drug; Score 4: 2 or more drugs]. Sum the score of each prognostic risk factor(s) to determine the final Prognostic Scoring Index in the table below:

Code	Description
000	Clinician stated no risk factors
001	Clinician stated low risk (sum score of 7 or less) Stated to be substage A, but score not specified
002	Clinician stated high risk (sum score of 8 or greater or NOS) Stated to be substage B, but score not specified
200	Clinician stated to have risk factors, but unknown whether low or high risk.
999	Unknown Risk factors cannot be assessed Not documented in patient record

Placenta

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Placenta

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Placenta

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Placenta

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Placenta

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, **C570–C579, C589**, C600–C609, C630–C639, C680–C689, C690–C699, C740–C749, C750–C759

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy** ONLY
- 10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser

No specimen sent to **pathology** from surgical events 10–14

- 20 **Local tumor excision**, NOS
- 26 Polypectomy
 - 27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation
- 25 Laser excision

[**SEER Note:** Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to **pathology** from surgical events 20–27

- 30 Simple/partial surgical removal of primary site
- 40 **Total surgical removal** of primary site; enucleation
- 41 Total enucleation (for eye surgery only)
- 50 Surgery stated to be “**debulking**”
- 60 Radical surgery
Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate** ONLY

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Collaborative Staging Codes

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

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

Note: This schema is NOT used for Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, or Other Lymphomas. Each of these diseases has a separate schema.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS Tumor Size

SEE STANDARD TABLE

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; Bowen disease; intraepithelial	Tis	IS	IS
05	Noninvasive verrucous carcinoma	Ta	IS	IS
10	Invasive tumor limited to subepithelial connective tissue, but not involving corpus spongiosum or cavernosum If primary is skin: invasive tumor limited to skin of penis, prepuce (foreskin) and/or glans	T1	L	L
30	Localized, NOS	T1	L	L
35	For body of penis ONLY: Corpus cavernosum Corpus spongiosum Tunica albuginea of corpus spongiosum	T2	L	L
40	Corpus cavernosum except for tumor in body of penis Corpus spongiosum except for tumor in body of penis Tunica albuginea of corpus spongiosum except for tumor in body of penis	T2	RE	RE
50	Satellite nodule(s) on prepuce or glans	T1	RE	RE

SEER Program Coding and Staging Manual 2004

60	Urethra Prostate	T3	RE	RE
70	Adjacent structures: Muscle, NOS: Bulbospongiosus Ischiocavernosus Superficial transverse perineal Skin: Abdominal Perineum Pubic Scrotal	T4	RE	RE
80	Further contiguous extension Testis	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS TS/Ext-Eval

SEE STANDARD TABLE

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.

Note 3: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	SINGLE superficial inguinal (femoral) regional lymph node	N1	RN	RN
20	Multiple OR bilateral superficial inguinal (femoral) regional lymph nodes	N2	RN	RN
30	Regional lymph nodes: Deep inguinal, NOS: Node of Cloquet or Rosenmuller (highest deep inguinal)	N3	RN	RN
40	Regional lymph nodes: External iliac Internal iliac (hypogastric) Obturator Pelvic nodes, NOS	N3	RN	RN
50	Regional Lymph Node(s), NOS	N1	RN	RN

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80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]
CS Reg Nodes Eval
SEE STANDARD TABLE**

**Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]
Reg LN Pos
SEE STANDARD TABLE**

**Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]
Reg LN Exam
SEE STANDARD TABLE**

**Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]
CS Mets at DX
SEE STANDARD TABLE**

**Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]
CS Mets Eval
SEE STANDARD TABLE**

**Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]
CS Site-Specific Factor 1**

Code	Description
888	Not applicable for this site

**Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]
CS Site-Specific Factor 2**

Code	Description
888	Not applicable for this site

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Penis [excl Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease and Other Lymphomas]

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, **C600–C609**, C630–C639, C680–C689, C690–C699, C740–C749, C750–C759

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14

20 **Local tumor excision**, NOS

26 Polypectomy

27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

[SEER Note: Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 **Total surgical removal** of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “**debulking**”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[SEER Note: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

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SEER Site-Specific Coding Guidelines
PROSTATE
C619

Priority Rules for Grading Prostate Cancer

Code the tumor grade using the following priority order.

1. Gleason's grade (Use the table to convert Gleason's grade information into the appropriate code)
2. Terminology
Differentiation (well differentiated, moderately differentiated, etc)
3. Histologic grade
Grade i, grade ii, grade iii, grade iv
4. Nuclear grade only

Gleason's Pattern

Prostate cancers are commonly graded using Gleason's score or pattern. Gleason's grading is based on a 5-component system, meaning it is based on 5 histologic patterns. The pathologist will evaluate the primary (majority) and secondary patterns for the tumor. The pattern is written as a range, with the majority pattern appearing first and the secondary pattern as the last number

Example: A Gleason pattern of 2 + 4 means that the primary pattern is 2 and the secondary pattern is 4.

Gleason's Score

The patterns are added together to create a score.

Example: If the pattern is 2 + 4, the pattern score is 6 (the sum of 2 and 4).

1. If the pathology report contains only **one number**, and that number is **less than or equal to 5**, it is a pattern.
2. If the pathology report contains only **one number**, and that number is **greater than 5**, it is a score.
3. If the pathology report specifies a specific **number out of a total of 10**, the first number given is the score.

Example: The pathology report says "Gleason's 3/10". The Gleason's score would be 3.

4. If there are **two numbers other than 10**, assume they refer to two patterns. The first number is the primary pattern and the second is the secondary pattern.

Example: If the pathology report says "Gleason's 3 + 5," the Gleason's score would be 8, the sum of 3 and 5.

Use the following table to convert Gleason's pattern or score into SEER codes:

Gleason Conversion Table

SEER Program Coding and Staging Manual 2004

Gleason's Score	Gleason's Pattern	Histologic Grade	Terminology	SEER Code
2, 3, 4	1, 2	I	Well differentiated	1
5, 6	3	II	Moderately differentiated	2
7, 8, 9, 10	4, 5	III	Poorly differentiated	3

Note: Code 7 was moved from Moderately differentiated to Poorly differentiated with cases diagnosed in 01/01/2003.

Collaborative Staging Codes

Prostate

C61.9

C61.9 Prostate gland

Note: Transitional cell carcinoma of the prostatic urethra is to be coded to primary site C68.0, Urethra, and assigned Collaborative Stage codes according to the urethra scheme.

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension-Clinical Extension	Prostatic Specific Antigen (PSA)	
CS TS/Ext-Eval	Lab Value	
CS Lymph Nodes	CS Site-Specific Factor 2 -	
CS Reg Nodes Eval	Prostatic Specific Antigen (PSA)	
Reg LN Pos	CS Site-Specific Factor 3 -	
Reg LN Exam	Extension - Pathologic Extension	
CS Mets at DX	CS Site-Specific Factor 4 -	
CS Mets Eval	Prostatic Acid Phosphatase (PAP)	
	CS Site-Specific Factor 5 -	
	Gleason's Primary Pattern and Secondary Pattern Value	
	CS Site-Specific Factor 6 -	
	Gleason's Score	

Prostate

CS Tumor Size

SEE STANDARD TABLE

Prostate

CS Extension-Clinical Extension

Note 1: Information from prostatectomy is EXCLUDED from this field. See Site-Specific Factor 3, CS Extension - Pathologic Extension.

Note 2:

A. Codes 10-15: 1) CODES 10 to 15 are used only for clinically inapparent tumor not palpable or visible by imaging and incidentally found microscopic carcinoma (latent, occult) in one or both lobes. Within this range, give priority to codes 13-15 over code 10. 2) When tumor is found in one lobe or in both lobes by needle biopsy but is not palpable or visible by imaging, use code 15.

B. CODES 20 to 24 are used only for clinically/radiographically apparent tumor, i.e., that which is palpable or visible by imaging. Codes 21 and 22 have precedence over code 20. Code 20 has precedence over code 24.

C. CODE 30 is used for localized cancer when it is unknown if clinically or radiographically apparent. An example would be when a diagnosis is made prior to admission for a prostatectomy with no details provided on clinical findings prior to admission.

D. CODES 33 and 34 have precedence over code 31.

E. CODES 41 to 49 are used for extension beyond the prostate.

Note 3: Use codes 13-14 when a TURP is done, not for a biopsy only. Do not use code 15 when a TURP is done.

Note 4: Involvement of the prostatic urethra does not alter the extension code.

Note 5: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 60.

Note 6: AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. If physician-assigned AUA stage D1-D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension.

Note 7: This schema includes evaluation of other pathologic tissue such as a biopsy of the rectum.

Note 8: For this site, the T category and its associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 3. If the value of Site-Specific Factor 3 is less than 096 (i.e., prostatectomy was done and extension information is available for staging), the T category is taken from the Site-Specific Factor 3 mapping, and identified as a pT. Otherwise (i.e., Site-Specific Factor 3 code is 096 or greater, meaning that prostatectomy was not performed, or it was performed but the information is not usable for staging),

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the T category is taken from the CS Extension mapping, and the c, p, y, or a indicator is taken from the TS/Ext Eval mapping.

Prostate

CS Extension-Clinical Extension, *continued*

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; intraepithelial	Tis	IS	IS
10	Clinically inapparent tumor, number of foci or percent involved tissue not specified Stage A, NOS	T1NOS	L	L
13	Incidental histologic finding in 5% or less of tissue resected (clinically inapparent)	T1a	L	L
14	Incidental histologic finding more than 5% of tissue resected (clinically inapparent)	T1b	L	L
15	Tumor identified by needle biopsy, e.g., for elevated PSA (clinically inapparent)	T1c	L	L
20	Involvement in one lobe, NOS (clinically apparent only)	T2NOS	L	L
21	Involves one half of one lobe or less (clinically apparent only)	T2a	L	L
22	Involves more than one half of one lobe, but not both lobes (clinically apparent only)	T2b	L	L
23	Involves both lobes (clinically apparent only)	T2c	L	L
24	Clinically apparent tumor confined to prostate, NOS Stage B, NOS	T2NOS	L	L
30	Localized, NOS Confined to prostate, NOS Intracapsular involvement only Not stated if Stage A or B, T1 or T2, clinically apparent or inapparent	T2NOS	L	L
31	Into prostatic apex/arising in prostatic apex, NOS	T2NOS	L	L
33	Arising in prostatic apex	T2NOS	L	L
34	Extending into prostatic apex	T2NOS	L	L
41	Extension to periprostatic tissue (Stage C1) Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS	T3NOS	RE	RE
42	Unilateral extracapsular extension	T3a	RE	RE
43	Bilateral extracapsular extension	T3a	RE	RE
45	Extension to seminal vesicle(s) (Stage C2)	T3b	RE	RE
49	Periprostatic extension, NOS (Unknown if seminal vesicle(s) involved) Stage C, NOS	T3NOS	RE	RE

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50	Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter	T4	RE	RE
52	Levator muscles Skeletal muscle, NOS Ureter(s)	T4	D	RE
60	Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (See Note 5)	T4	D	D
70	Further contiguous extension (Stage D2) including to: Bone Other organs Penis Sigmoid colon Soft tissue other than periprostatic	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Extension unknown Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Prostate

CS TS/Ext-Eval

Note 1: For this site, use this item to evaluate the coding of tumor size and extension as coded in both CS Extension (clinical for prostate) and Site-Specific Factor 3, Pathologic Extension if prostatectomy was performed.

Note 2: The codes for this item for prostate differ from the codes used for most other sites. AJCC allows pathologic staging to be assigned on the basis of some biopsies without resection. According to the AJCC manual, "In general, total prostatectomy, including regional node specimen, and histologic confirmation are required for pathologic T classification. However, under certain circumstances, pathologic T classification can be determined with other means. For example, (1) positive biopsy of the rectum permits a pT4 classification without prostatectomy, and (2) a biopsy revealing carcinoma in extraprostatic soft tissue permits a pT3 classification, as does a biopsy revealing adenocarcinoma infiltrating the seminal vesicles." (P. 310)

Note 3: For this site, the T category and its associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 3. For details, see Note 7 under CS Extension.

Note 4: According to AJCC, staging basis for transurethral resection of prostate (TURP) is clinical and is recorded as CS TS/Ext-Eval "1" (c).

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging.	c
2	No surgical resection done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes [(41) to (70)] (see Note 2)	p

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3	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)	p
4	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. Meets criteria for AJCC pathologic T staging.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; BUT tumor size/extension based on pathologic evidence	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Prostate

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional nodes, including contralateral or bilateral lymph nodes: Iliac, NOS External Internal (hypogastric), NOS: Obturator Pelvic, NOS Periprostatic Sacral, NOS Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed	NX	U	U

Prostate

CS Reg Nodes Eval

SEE STANDARD TABLE

Prostate
Reg LN Pos
SEE STANDARD TABLE

Prostate
Reg LN Exam
SEE STANDARD TABLE

Prostate
CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
11	Distant lymph node(s), NOS Common iliac	M1a	RN	D
12	Distant lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Cervical Inguinal, NOS Deep, NOS Node of Coquet or Rosenmuller (highest deep inguinal) Superficial (femoral) Retroperitoneal, NOS Scalene (inferior deep cervical) Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1a	D	D
30	Metastasis in bone(s)	M1b	D	D
35	(30) + [(11) or (12)]	M1b	D	D
40	Distant metastasis, other than distant lymph node(s) (codes 11 or 12) or bone(s) Carcinomatosis	M1c	D	D
45	Distant metastasis, NOS Stage D2, NOS	MINOS	D	D
50	(40) + any of [(11) or (12)]	M1c	D	D
55	(40) + any of [(30) or (35)]	M1c	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Prostate
CS Mets Eval
SEE STANDARD TABLE

Prostate

CS Site-Specific Factor 1 Prostatic Specific Antigen (PSA) Lab Value

Note 1: Record the highest PSA lab value prior to diagnostic biopsy or treatment. For example, a pretreatment PSA of 20.0 ng/ml would be recorded as 200.

Note 2: Lab values for SSFs 1 and 2 should be from the same laboratory test.

Code	Description
000	Test not done (test was not ordered and was not performed)
001	0.1 or less ng/ml (actual value with implied decimal point)
002-899	0.2 - 89.9 ng/ml (actual value with implied decimal point)
990	99.0 or greater ng/ml (actual value with implied decimal point)
999	Unknown or no information Not documented in patient record

Prostate

CS Site-Specific Factor 2 Prostatic Specific Antigen (PSA)

Note 1: Use the highest PSA lab value prior to diagnostic biopsy or treatment.

Note 2: Lab values for SSFs 1 and 2 should be from the same laboratory test.

Code	Description
000	Test not done (test was not ordered and was not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Prostate

CS Site-Specific Factor 3 CS Extension - Pathologic Extension

Note 1: Include information from prostatectomy in this field and not in CS Extension - Clinical Extension. Use all histologic information including the prostatectomy if it was done within the first course of treatment. Code 097 if there was no prostatectomy performed within the first course of treatment.

Note 2: Limit information in this field to first course of treatment in the absence of disease progression.

Note 3: Involvement of the prostatic urethra does not alter the extension code.

Note 4: When the apical margin, distal urethral margin, bladder base, or bladder neck margin is involved and there is no extracapsular extension, use code 040.

Note 5: When prostate cancer is an incidental finding during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), use the appropriate code for the extent of disease found (for example, one lobe, or both lobes, or more).

Note 6: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 060.

Note 6: AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. If physician-assigned AUA stage D1-D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension - Pathologic Extension.

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Note 7: For this site, the T category and its associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 3. For details, see Note 7 under CS Extension.

Prostate

CS Site-Specific Factor 3 CS Extension - Pathologic Extension, *continued*

Code	Description	TNM	SS77	SS2000
000	In situ; non-invasive; intraepithelial	Tis	IS	IS
020	Involvement in one lobe, NOS	T2NOS	L	L
021	Involves one half of one lobe or less	T2a	L	L
022	Involves more than one half of one lobe, but not both lobes	T2b	L	L
023	Involves both lobes	T2c	L	L
030	Localized, NOS Confined to prostate, NOS Intracapsular involvement only Stage B, NOS	T2NOS	L	L
031	Into prostatic apex/arising in prostatic apex, NOS (see also codes 033 and 034)	T2NOS	L	L
032	Invasion into (but not beyond) prostatic capsule	T2NOS	L	L
033	Arising in prostatic apex	T2NOS	L	L
034	Extending into prostatic apex	T2NOS	L	L
040	No extracapsular extension but margins involved (See Note 4)	T3NOS	L	RE
041	Extension to periprostatic tissue (Stage C1): Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS	T3a	RE	RE
042	Unilateral extracapsular extension	T3a	RE	RE
043	Bilateral extracapsular extension	T3a	RE	RE
045	Extension to seminal vesicle(s) (Stage C2)	T3b	RE	RE
048	Extracapsular extension and margins involved	T3NOS	RE	RE
050	Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter	T4	RE	RE
052	Levator muscle Skeletal muscle, NOS Ureter	T4	D	RE
060	Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (See Note 6)	T4	D	D

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070	Further contiguous extension (Stage D2) including to: Bone Penis Sigmoid colon Soft tissue other than periprostatic tissue Other organs	T4	D	D
095	No evidence of primary tumor	T0	U	U
096	Unknown if prostatectomy done	TX	U	U
097	No prostatectomy done within first course of treatment	TX	U	U
098	Prostatectomy was done within first course of treatment, but there was disease progression	TX	U	U
099	Prostatectomy done: Extension unknown Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Prostate

CS Site-Specific Factor 4 Prostatic Acid Phosphatase (PAP)

Code	Description
000	Test not done (test was not ordered and was not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Prostate

CS Site-Specific Factor 5 Gleason's Primary Pattern and Secondary Pattern Value

Note: If only one number is given and it is less than or equal to 5, assume that it describes a pattern and uses the number as the primary pattern and code the secondary as '9'.

Code	Description
000	Test not done (test was not ordered and was not performed)
011	Primary pattern 1, secondary pattern 1
012	Primary pattern 1, secondary pattern 2
013	Primary pattern 1, secondary pattern 3
014	Primary pattern 1, secondary pattern 4
015	Primary pattern 1, secondary pattern 5

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019	Primary pattern 1, secondary pattern 9
021	Primary pattern 2, secondary pattern 1
022	Primary pattern 2, secondary pattern 2
023	Primary pattern 2, secondary pattern 3
024	Primary pattern 2, secondary pattern 4
025	Primary pattern 2, secondary pattern 5
029	Primary pattern 2, secondary pattern unknown
031	Primary pattern 3, secondary pattern 1
032	Primary pattern 3, secondary pattern 2
033	Primary pattern 3, secondary pattern 3
034	Primary pattern 3, secondary pattern 4
035	Primary pattern 3, secondary pattern 5
039	Primary pattern 3, secondary pattern unknown
041	Primary pattern 4, secondary pattern 1
042	Primary pattern 4, secondary pattern 2
043	Primary pattern 4, secondary pattern 3
044	Primary pattern 4, secondary pattern 4
045	Primary pattern 4, secondary pattern 5
049	Primary pattern 4, secondary pattern unknown
051	Primary pattern 5, secondary pattern 1
052	Primary pattern 5, secondary pattern 2
053	Primary pattern 5, secondary pattern 3
054	Primary pattern 5, secondary pattern 4
055	Primary pattern 5, secondary pattern 5
059	Primary pattern 5, secondary pattern unknown
099	Primary pattern unknown
999	Unknown or no information Not documented in patient record

Prostate

CS Site-Specific Factor 6 Gleason's Score

Note 1: Usually prostate cancers are graded using Gleason's score or pattern. Gleason's grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic cancer generally shows two main histologic patterns. The primary pattern—that is, the pattern occupying greater than 50% of the cancer—is usually indicated by the first number of the Gleason's grade and the secondary pattern is usually indicated by the second number. These two numbers are added together to create a pattern score, ranging from 2 to 10. If the pathologist gives only one number and it is less than or equal to 5, assume that it describes a pattern. If only one number is given and it is greater than 5, assume that it is a score. If there are two numbers, assume that they refer to two patterns (the first number being the primary and the second number being the secondary) and sum them to obtain the score.

Note 2: Record the Gleason's score based on the addition of the primary and secondary pattern.

Code	Description
000	Test not done (test was not ordered and was not performed)
002-010	Gleason's Score (See Notes 1 and 2)
999	Unknown or no information Not documented in patient record

Site-Specific Surgery Codes

Prostate

C619

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item “Hematologic Transplant and Endocrine Procedures” (NAACCR Item # 3250).

Codes

00 None; **no surgery** of primary site; **autopsy** ONLY

18 Local tumor destruction or excision, NOS

19 Transurethral resection (**TURP**), NOS

Unknown whether a specimen was sent to **pathology** for surgical events coded 18 or 19 (principally for cases diagnosed prior to January 1, 2003)

10 **Local tumor destruction**, [or excision] NOS

14 Cryoprostatectomy

15 Laser ablation

16 Hyperthermia

17 Other method of local tumor destruction

No specimen sent to pathology from surgical events 10–17

[**SEER Notes:** Code Transurethral Microwave Thermotherapy (TUMT) as 16

Code High Intensity Focused Ultrasonography (HIFU) as 17

Code Transurethral Needle Ablation (TUNA) as 17]

20 **Local tumor excision**, NOS

21 Transurethral resection (TURP), NOS

22 TURP—cancer is incidental finding during surgery for benign disease

23 TURP—patient has suspected/known cancer

Any combination of 20–23 WITH

24 Cryosurgery

25 Laser

26 Hyperthermia

[**SEER Note:** Codes 24 to 26 above combine 20 Local tumor excision, NOS, 21 TURP, NOS, 22 TURP incidental or 23 TURP suspected/known cancer with 24 Cryosurgery, 25 Laser or 26 Hyperthermia]

Specimen sent to pathology from surgical events 20–26

30 **Subtotal, segmental, or simple prostatectomy**, which may leave all or part of the capsule intact

50 **Radical prostatectomy, NOS; total prostatectomy, NOS**

Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck

70 **Prostatectomy** WITH resection in continuity with **other organs**; pelvic **exenteration**

Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

80 Prostatectomy, NOS

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate** ONLY

Collaborative Staging Codes

Testis

C62.0-C62.1, C62.9

C62.0 Undescended testis

C62.1 Descended testis

C62.9 Testis, NOS

CS Tumor Size	CS Site-Specific Factor 1 - Alpha Fetoprotein (AFP)	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Serum Marker S Value Table Extension Orchiectomy Table Number Positive Lymph Nodes and Size of Metastasis in Lymph Nodes
CS Extension	CS Site-Specific Factor 2 - Human chorionic gonadotropin (hCG)	
CS TS/Ext-Eval	CS Site-Specific Factor 3 - LDH	
CS Lymph Nodes	CS Site-Specific Factor 4 - Radical Orchiectomy Performed	
CS Reg Nodes Eval	CS Site-Specific Factor 5 - Size of Metastasis in Lymph Nodes	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Testis

CS Tumor Size

SEE STANDARD TABLE

Testis

CS Extension

Note 1: Laterality must be coded for this site.

Note 2: According to AJCC, "Except for pTis and pT4, extent of primary tumor for TNM is classified by radical orchiectomy. TX is used for other categories in the absence of radical orchiectomy." For Collaborative Staging, this means that the categories of T1, T2, and T3 are derived only when Site Specific Factor 4 indicates that a radical orchiectomy was performed. See the Extension Orchiectomy table for details.

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; intraepithelial Intratubular germ cell neoplasia	Tis	IS	IS
10	Invasive tumor WITHOUT vascular/lymphatic invasion, or presence of vascular/lymphatic invasion or NOS Body of testis Rete testis Tunica albuginea	*	L	L
15	Invasive tumor WITH vascular/lymphatic invasion Body of testis Rete testis Tunica albuginea	*	L	L
20	Tunica vaginalis involved Surface implants	*	L	L
30	Localized, NOS	*	L	L
31	Tunica, NOS	TX	L	L
40	Epididymis involved WITHOUT vascular/lymphatic invasion, or presence of vascular/lymphatic invasion not stated	*	RE	RE

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45	Epididymis involved WITH vascular/lymphatic invasion	*	RE	RE
50	Spermatic cord, ipsilateral Vas deferens	*	RE	RE
60	Dartos muscle, ipsilateral Scrotum, ipsilateral	T4	RE	RE
70	Extension to scrotum, contralateral Ulceration of scrotum	T4	D	D
75	Penis	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For extension codes 10, 15, 20, 30, 40, 45, and 50, the T category is assigned based on the values of CS Extension and Site-Specific Factor 4 (Radical Orchiectomy Performed), using the Extension/Orchiectomy extra table.

Testis

CS TS/Ext-Eval

SEE STANDARD TABLE

Testis

CS Lymph Nodes

Note 1: Regional nodes in codes 10-30 include contralateral and bilateral nodes.

Note 2: Involvement of inguinal, pelvic, or external iliac lymph nodes in the absence of previous scrotal or inguinal surgery is coded in CS Mets at DX, as distant lymph node involvement.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s) (bilateral and contralateral): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Preaortic Retroaortic Retroperitoneal, NOS Spermatic vein Regional lymph node(s), NOS	*	RN	RN
20	Regional lymph node(s) (bilateral and contralateral): Pericaval, NOS: Interaortocaval Paracaval Precaval Retrocaval	*	D	RN

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30	Regional lymph node(s) (bilateral and contralateral): Pelvic, NOS External iliac WITH previous scrotal or inguinal surgery	*	RN	RN
40	Inguinal nodes, NOS: Deep, NOS Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) WITH previous scrotal or inguinal surgery	*	D	D
50	Regional lymph node(s), NOS	*	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

* For codes 10, 20, 30, 40, 50, and 80 the N category is assigned from the Number Positive Lymph Nodes and Size of Metastasis in Lymph Nodes extra table using the values of Site Specific Factor 5 (Size of Metastasis in Lymph Nodes) and Reg LN Pos.

Testis

CS Reg Nodes Eval

SEE STANDARD TABLE

Testis

Reg LN Pos

SEE STANDARD TABLE

Testis

Reg LN Exam

SEE STANDARD TABLE

Testis

CS Mets at DX

Note: Involvement of inguinal, pelvic, or external iliac lymph nodes after previous scrotal or inguinal surgery is coded under CS Lymph Nodes, as regional node involvement.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
11	Distant lymph node(s): Pelvic, NOS External iliac WITHOUT previous scrotal or inguinal surgery, or unknown if previous scrotal or inguinal surgery	M1a	RN	RN
12	Distant lymph node(s): Inguinal nodes, NOS: Deep, NOS Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral)	M1a	D	D

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12, cont'd	WITHOUT previous scrotal or inguinal surgery, or unknown if previous scrotal or inguinal surgery			
13	Specified distant lymph node(s), other than code (11) or (12) Distant lymph node(s), NOS	M1a	D	D
20	Distant metastasis to lung	M1a	D	D
25	Distant metastases to lung and lymph node(s) (20) + any of [(11) to (13)]	M1a	D	D
40	Metastasis to other distant sites (WITH or WITHOUT metastasis to lung and/or distant lymph node(s)) Carcinomatosis	M1b	D	D
45	Distant metastasis, NOS	MINOS	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Testis

CS Mets Eval

SEE STANDARD TABLE

Testis

CS Site-Specific Factor 1 Alpha Fetoprotein (AFP)

Code	Description
000	Test not done (SX)
020	Within normal limits (S0)
040	Range 1 (S1) less than 1,000 ng/ml
050	Range 2 (S2) 1,000 -10,000 ng/ml
060	Range 3 (S3) greater than 10,000 ng/ml
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Testis

CS Site-Specific Factor 2 Human Chorionic Gonadotropin (hCG)

Code	Description
000	Test not done (SX)
020	Within normal limits (S0)
040	Range 1 (S1) less than 5,000 mIU/ml
050	Range 2 (S2) 5,000 - 50,000 mIU/ml

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060	Range 3 (S3) greater than 50,000 mIU/ml
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Testis

CS Site-Specific Factor 3 LDH (Lactate Dehydrogenase)

Code	Description
000	Test not done (SX)
020	Within normal limits (S0)
040	Range 1 (S1) 1.5 x N (N equals the upper limit of normal for LDH)
050	Range 2 (S2) 1.5 - 10 x N (N equals the upper limit of normal for LDH)
060	Range 3 (S3) greater than 10 x N (N equals the upper limit of normal for LDH)
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Testis

CS Site-Specific Factor 4 Radical Orchiectomy Performed

Code	Description
000	Radical orchiectomy not performed
001	Radical orchiectomy performed
999	Unknown if radical orchiectomy performed

Testis

CS Site-Specific Factor 5 Size of Metastasis in Lymph Nodes

Note: For CS Lymph Nodes codes 10, 20, 30, 40 and 50, the N category is assigned based on the values in the Site Specific Factor 5 Table below and the Number Lymph Nodes Positive and Size of Lymph Node Metastasis Extra Table.

Code	Description
000	No lymph node metastasis
001	Lymph node metastasis mass 2 cm or less in greatest dimension No extranodal extension of tumor
002	Lymph node metastasis mass more than 2 cm but not more than 5 cm in greatest dimension Extranodal extension of tumor
003	Lymph node metastasis mass more than 5 cm in greatest dimension

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998	Regional lymph node(s) involved, size of lymph node mass, number of positive lymph nodes and extranodal extension status not stated
999	Unknown if regional nodes involved Not documented in patient record

Testis

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
C63.0-C63.1, C63.7-C63.9**

- C63.0 Epididymis
- C63.1 Spermatic cord
- C63.7 Other specified parts of male genital organs
- C63.8 Overlapping lesion of male genital organs
- C63.9 Male genital organs, NOS

Note 1: AJCC does not define TNM staging for this site.

Note 2: Laterality must be coded for C63.0-C63.1.

Note 3: Carcinoma of the scrotum is included in the scrotum schema. Melanoma (M-8720-8790) of scrotum is included in the melanoma skin schema. Mycosis fungoides (M-9700) or Sezary disease (M-9701) of scrotum is included in the mycosis fungoides schema. Melanoma, mycosis fungoides, or Sezary disease of any other site listed is coded using this schema. Kaposi sarcoma of all sites is included in the Kaposi sarcoma schema, and lymphomas of all sites are included in the lymphoma schema.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)

CS Tumor Size

SEE STANDARD TABLE

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; intraepithelial	NA	IS	IS
10	Confined to site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue (See definition of connective tissue in the general instructions)	NA	RE	RE
60	Adjacent organs/structures: Male genital organs: Penis Prostate Testis Sites in this schema which are not the primary	NA	RE	RE

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80	Further contiguous extension Other organs and structures in male pelvis: Bladder Rectum Urethra	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS TS/Ext-Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Lymph Nodes**

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph node(s) Iliac, NOS: External Internal (hypogastric), NOS: Obturator Inguinal, NOS: Deep inguinal, NOS: Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial inguinal (femoral) Pelvic, NOS Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed	NA	U	U

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Reg Nodes Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
Reg LN Pos
SEE STANDARD TABLE

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
Reg LN Exam
SEE STANDARD TABLE

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Site-Specific Factor 5**

Code	Description
888	Not applicable for this site

**Other and Unspecified Male Genital Organs (excluding: Kaposi Sarcoma and Lymphoma)
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

C63.2 Scrotum, NOS

Note: Melanoma (M-8720-8790) of scrotum is included in the melanoma schema. Mycosis Fungoides (M-9700) or Sezary disease (M-9701) of scrotum is included in the Mycosis Fungoides schema. Kaposi sarcoma of the scrotum is included in the Kaposi Sarcoma schema. Lymphoma of the scrotum is included in the lymphoma schema.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Tumor Size

SEE STANDARD TABLE

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepidermal	Tis	IS	IS
10	Confined to scrotum	*	L	L
30	Localized, NOS	*	L	L
40	Adjacent connective tissue (See definition of connective tissue in general instructions)	*	RE	RE
60	Adjacent organs/structures Male genital organs: Epididymis Penis Prostate Spermatic cord Testis	T4	RE	RE
80	Further contiguous extension Other organs and structures in male pelvis: Bladder Rectum Urethra	T4	D	D
95	No evidence of primary tumor	T0	U	U

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99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
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* For CS Extension codes 10, 30 and 40 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size table for this site.

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS TS/Ext-Eval

SEE STANDARD TABLE

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Iliac, NOS: External Internal (hypogastric), NOS: Obturator Inguinal, NOS: Deep inguinal, NOS Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial inguinal (femoral) Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Reg Nodes Eval

SEE STANDARD TABLE

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

Reg LN Pos

SEE STANDARD TABLE

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

Reg LN Exam

SEE STANDARD TABLE

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Mets at DX

SEE STANDARD TABLE

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Mets Eval

SEE STANDARD TABLE

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

**Scrotum [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease,
and Other Lymphomas]
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

Testis

C620–C629

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**

- 12 Local tumor destruction, NOS
No specimen sent to pathology from surgical event 12

- 20 **Local or partial excision of testicle**
Specimen sent to pathology from surgical event 20

- 30 Excision of testicle, WITHOUT cord
[SEER Note: Orchiectomy not including spermatic cord]

- 40 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)
[SEER Note: Orchiectomy with or without spermatic cord]

- 80 **Orchiectomy, NOS** (unspecified whether partial or total testicle removed)

- 90 Surgery, NOS

- 99 **Unknown** if surgery performed; **death certificate** only

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Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, **C630–C639**, C680–C689, C690–C699, C740–C749, C750–C759
(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy** ONLY
- 10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser

No specimen sent to **pathology** from surgical events 10–14

- 20 **Local tumor excision**, NOS
- 26 Polypectomy
 - 27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation
- 25 Laser excision

[**SEER Note:** Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to **pathology** from surgical events 20–27

- 30 Simple/partial surgical removal of primary site
- 40 **Total surgical removal** of primary site; enucleation
- 41 Total enucleation (for eye surgery only)
- 50 Surgery stated to be “**debulking**”
- 60 Radical surgery
Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate** ONLY

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SEER Site-Specific Coding Guidelines
KIDNEY, RENAL PELVIS, AND URETER
Kidney C649, Renal Pelvis C659, Ureter C669

Laterality

Laterality is required for sites C64.9, C65.9, and C66.9.

Priority Rules for Grading Kidney Cancer

1. Fuhrman grade
2. Nuclear grade
3. Terminology (well diff, mod diff)
4. Histologic grade (grade 1, grade 2)

These prioritization rules do not apply to Wilm's tumor (8960).

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**Collaborative Staging Codes
Kidney (Renal Parenchyma)
C64.9**

C64.9 Kidney, NOS (Renal parenchyma)

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

**Kidney (Renal Parenchyma)
CS Tumor Size
SEE STANDARD TABLE**

**Kidney (Renal Parenchyma)
CS Extension**

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 10 unless there were further signs of involvement.

Code	Description	TNM	SS77	SS2000
00	In situ	Tis	IS	IS
10	Invasive cancer confined to kidney cortex and/or medulla	*	L	L
20	Invasion of renal capsule Renal pelvis or calyces involved Separate focus of tumor in renal pelvis/calyx	*	L	L
30	Localized, NOS	*	L	L
39	Stated as T3, NOS	T3NOS	RE	RE
40	Adrenal (suprarenal) gland, ipsilateral Perirenal (perinephric) tissue/fat Renal (Gerota's) fascia Renal sinus fat Retroperitoneal soft tissue	T3a	RE	RE
60	Blood vessels: Extrarenal portion of renal vein or segmental branches Hilar blood vessel Inferior vena cava below diaphragm Perirenal vein Renal artery Renal vein, NOS Tumor thrombus in a renal vein, NOS	T3b	RE	RE

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62	Vena cava above diaphragm or invades the wall of the vena cava	T3c	RE	RE
65	Extension beyond Gerota's fascia to: Ascending colon from right kidney Descending colon from left kidney Diaphragm Duodenum from right kidney Peritoneum Tail of pancreas Ureter, including implant(s), ipsilateral	T4	RE	RE
67	Extension beyond Gerota's fascia to: Psoas muscle	T4	D	RE
70	Ribs	T4	D	D
75	Liver Spleen Stomach	T4	D	D
80	Further contiguous extension Aorta Contralateral Adrenal (suprarenal) gland Kidney Ureter Other direct extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For codes 10, 20, and 30 ONLY, the T category is assigned based on the value of tumor size, as shown in the Extension Size Table for this site.

Kidney (Renal Parenchyma)

CS TS/Ext-Eval

SEE STANDARD TABLE

Kidney (Renal Parenchyma)

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Single regional lymph node: Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Renal hilar Retroperitoneal, NOS Regional lymph node(s), NOS	N1	RN	RN

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11	Single regional lymph node: Paracaval	N1	D	RN
15	(10) + (11) including: Single regional lymph node as specified in code 10 PLUS single paracaval node	N2	D	RN
40	More than one regional lymph node (including contralateral or bilateral nodes) other than as defined in code 15	N2	D	RN
70	Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Kidney (Renal Parenchyma)

CS Reg Nodes Eval

SEE STANDARD TABLE

Kidney (Renal Parenchyma)

Reg LN Pos

SEE STANDARD TABLE

Kidney (Renal Parenchyma)

Reg LN Exam

SEE STANDARD TABLE

Kidney (Renal Parenchyma)

CS Mets at DX

SEE STANDARD TABLE

Kidney (Renal Parenchyma)

CS Mets Eval

SEE STANDARD TABLE

Kidney (Renal Parenchyma)

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Kidney (Renal Parenchyma)

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Kidney (Renal Parenchyma)

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Kidney (Renal Parenchyma)

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Kidney (Renal Parenchyma)

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Kidney (Renal Parenchyma)

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Renal Pelvis and Ureter

C65.9, C66.9

C65.9 Renal pelvis

C66.9 Ureter

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Renal Pelvis and Ureter

CS Tumor Size

SEE STANDARD TABLE

Renal Pelvis and Ureter

CS Extension

Note: If CS Extension code is 00 or 05, Behavior Code must be 2. If CS Extension code is 10, Behavior Code must be 3.

Code	Description	TNM	SS77	SS2000
00	Carcinoma in situ, NOS Non-invasive, intraepithelial	Tis	IS	IS
05	Papillary noninvasive carcinoma	Ta	IS	IS
10	Subepithelial connective tissue (lamina propria, submucosa) invaded	T1	L	L
20	Muscularis invaded	T2	L	L
30	Localized, NOS	T1	L	L
40	Extension to adjacent (connective) tissue: Peripelvic/periureteric tissue Retroperitoneal soft/connective tissue	T3	RE	RE
60	For renal pelvis only: Ipsilateral kidney parenchyma and kidney, NOS	T3	RE	RE
62	Ureter from renal pelvis	T4	RE	RE
63	Psoas muscle from ureter	T4	RE	RE
65	Extension to bladder from ureter Implants in ureter	T4	RE	RE
66	Extension to major blood vessel(s): Aorta Renal artery/vein	T4	RE	RE

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66, cont'd	Vena cava (inferior) Tumor thrombus in a renal vein, NOS			
67	Adrenal (suprarenal) gland from renal pelvis	T4	RE	RE
68	Duodenum from right renal pelvis or right ureter	T4	RE	RE
70	Extension to: Ascending colon from right renal pelvis Bladder (wall or mucosa) from renal pelvis Colon, NOS Descending colon from left renal pelvis Ipsilateral kidney parenchyma from ureter Liver Pancreas Perinephric fat via kidney Spleen	T4	D	D
75	Ascending colon from right ureter Descending colon from left ureter	T4	RE	D
80	Further contiguous extension, including: For ureter: Prostate Uterus	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Renal Pelvis and Ureter
CS TS/Ext-Eval
SEE STANDARD TABLE

Renal Pelvis and Ureter
CS Lymph Nodes

Note: Measure the size of the metastasis in the lymph node to determine codes 10-30, not the size of the lymph node itself.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Single regional lymph node, less than or equal to 2 cm: Renal pelvis: Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Paracaval Renal hilar Retroperitoneal, NOS Regional lymph node(s), NOS Ureter: Iliac, NOS:	N1	RN	RN

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10, cont'd	Common External Internal (hypogastric), NOS Obturator Lateral aortic (lumbar) Paracaval Pelvic, NOS Periureteral Renal hilar Retroperitoneal, NOS Regional lymph node(s), NOS			
20	Regional lymph nodes as listed in code 10 Single regional lymph node greater than 2 - 5 cm OR multiple regional nodes, none greater than 5 cm	N2	RN	RN
30	Regional lymph nodes as listed in code 10 Regional lymph node(s), at least one greater than 5 cm	N3	RN	RN
50	Regional lymph node(s), NOS (size and/or number not stated)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Renal Pelvis and Ureter
CS Reg Nodes Eval
SEE STANDARD TABLE**

**Renal Pelvis and Ureter
Reg LN Pos
SEE STANDARD TABLE**

**Renal Pelvis and Ureter
Reg LN Exam
SEE STANDARD TABLE**

**Renal Pelvis and Ureter
CS Mets at DX
SEE STANDARD TABLE**

**Renal Pelvis and Ureter
CS Mets Eval
SEE STANDARD TABLE**

**Renal Pelvis and Ureter
CS Site-Specific Factor 1**

Code	Description
888	Not applicable for this site

**Renal Pelvis and Ureter
CS Site-Specific Factor 2**

Code	Description
888	Not applicable for this site

**Renal Pelvis and Ureter
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Renal Pelvis and Ureter
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

**Renal Pelvis and Ureter
CS Site-Specific Factor 5**

Code	Description
888	Not applicable for this site

**Renal Pelvis and Ureter
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

Kidney, Renal Pelvis, and Ureter

Kidney C649, Renal Pelvis C659, Ureter C669

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**
- 10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser
 - 15 Thermal ablation

No specimen sent to **pathology** from this surgical event 10–15

20 **Local tumor excision**, NOS

- 26 Polypectomy
- 27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation
- 25 Laser excision

[**SEER Note:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to **pathology** from surgical events 20–27

30 **Partial** or **subtotal nephrectomy** (kidney or renal pelvis) or **partial ureterectomy** (ureter)

Procedures coded 30 include, but are not limited to:

- Segmental resection
- Wedge resection

40 Complete/total/simple nephrectomy—for kidney parenchyma
Nephroureterectomy

Includes bladder cuff for renal pelvis or ureter

50 Radical nephrectomy

May include removal of a portion of vena cava, adrenal gland(s), Gerota’s fascia, perinephric fat, or partial/total ureter

70 **Any nephrectomy** (simple, subtotal, complete, partial, total, radical) in continuity with the resection of other organ(s) (colon, bladder)

The other organs, such as colon or bladder, may be partially or totally removed

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

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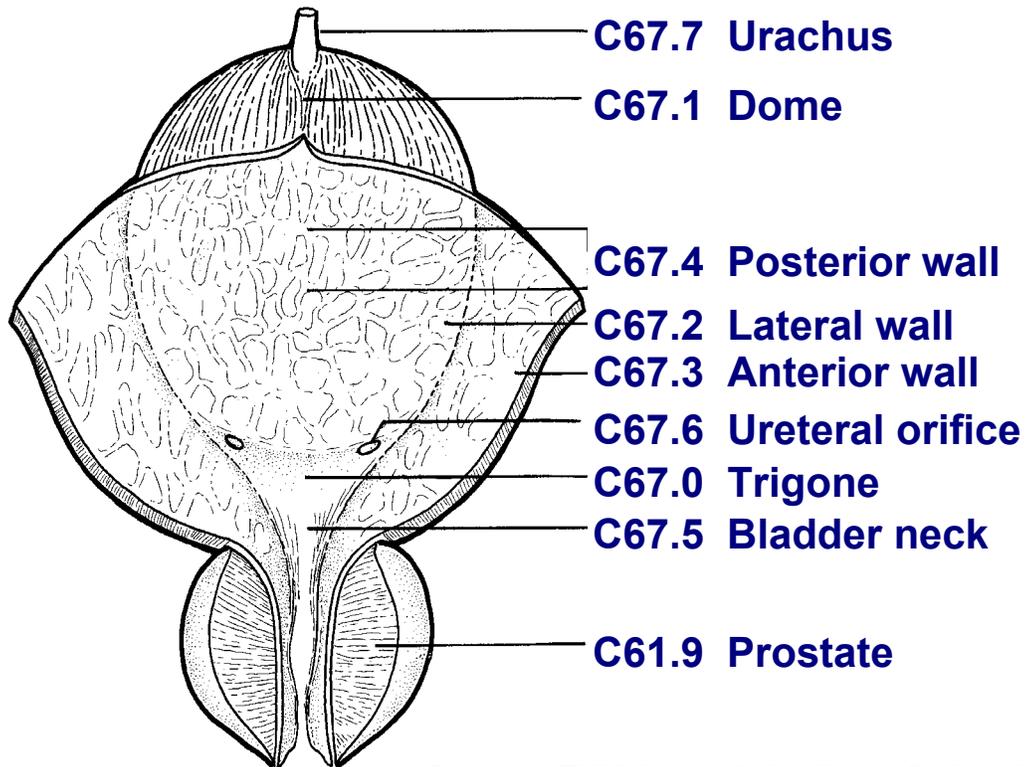
- 80 Nephrectomy, NOS
Ureterectomy, NOS
- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate** ONLY

SEER Site-Specific Coding Guidelines
BLADDER
C670–C679

Primary Site

- C670 **Trigone** of bladder
Base of bladder
Floor
- C671 **Dome** of bladder
Fundus
Vertex
Roof
Vault
- C672 **Lateral wall** of bladder
Right wall
Left wall
Lateral to ureteral orifice
Sidewall
- C673 **Anterior wall** of bladder
- C674 **Posterior wall** of bladder
- C675 Bladder **neck**
Vesical neck
Internal urethral orifice
- C676 **Ureteric orifice**
Just above ureteric orifice
- C677 **Urachus**
Mid umbilical ligament
- C678 **Overlapping** lesion of bladder
Lateral-posterior wall (hyphen)
- C679 **Bladder, NOS**
Lateral posterior wall (no hyphen)

Bladder Anatomy and ICD-O-3



Source: TNM Atlas, 3rd edition, 2nd revision

Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

- Operative report (TURB)
- Pathology report

Bladder Wall Pathology

The bladder wall is composed of three layers. There may be “sub layers” within the major layer of the bladder.

Bladder Layer	Sub layer	Synonyms	Staging	Description
Mucosa		Epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa	No blood vessels, insitu/noninvasive	First layer on inside of bladder Lines bladder, ureters, and urethra

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Bladder Layer	Sub layer	Synonyms	Staging	Description
	Basement membrane		No invasion of basement membrane is insitu Invasion/penetration of basement membrane is invasive	Single layer of cells that lies beneath the mucosal layer separating the epithelial layer from the lamina propria
	Submucosa	Submucous coat, lamina propria, areolar connective tissue	Invasive	Areolar connective tissue interlaced with the muscular coat Contains blood vessels, nerves, and in some regions, glands
Lamina propria	Submucosa, Suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium		Invasive	
Muscle	Bladder wall	Muscularis, muscularis propria, muscularis externa, smooth muscle	Invasive	

The following terms are used when the tumor has extended **through the bladder wall** (invades regional tissue).

Serosa (Tunica serosa): The outermost serous coat is a reflection of the peritoneum that covers the superior surface and the upper parts of the lateral surfaces of the urinary bladder.

The serosa is part of visceral peritoneum. The serosa is reflected from these bladder surfaces onto the abdominal and pelvic walls.

Perivesical fat

Adventitia: Some areas of the bladder do not have a serosa. Where there is no serosa, the connective tissue of surrounding structures merges with the connective tissue of the bladder and is called adventitia.

Multifocal Tumors

Invasive tumor in more than one subsite

Assign site code **C679** when the tumor is **multifocal** (separate tumors in more than one subsite of the bladder).

If the TURB or pathology proves **invasive** tumor in **one subsite** and **insitu tumor** in all **other** involved subsites, code to the subsite involved with **invasive** tumor.

HISTOLOGY ¹

More than 90% of bladder tumors are transitional cell carcinoma.

About 6-8% of bladder tumors are squamous cell carcinomas.

¹ PDQ

About 2% of bladder tumors are adenocarcinoma. Adenocarcinomas tend to occur in the urachus or, frequently, the trigone of the bladder²

Other bladder histologic types include sarcoma, lymphoma, and small cell carcinoma. Rhabdomyosarcoma occurs in children.

Behavior Code

If the only surgery performed is a transurethral resection of the bladder (TURB) and if it is documented that depth of invasion cannot be measured because there is no muscle in the specimen, code the behavior as malignant /3, not insitu /2.

Three-Grade System (Nuclear Grade)

There are several sites for which a three-grade system is used. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue. Thus, it is similar to a four-grade system, but simply divides the spectrum into three rather than four categories (see comparison table below). The expected outcome is more favorable for lower grades.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the following table to convert the grade to SEER codes.

Term	Grade	SEER Code
1/3, 1/2	Low grade	2
2/3	Intermediate grade	3
3/3, 2/2	High grade	4

WHO grade is not used to code differentiation

FIRST COURSE TREATMENT

TREATMENT MODALITIES (most common treatments)

TURB with fulguration

TURB with fulguration followed by intravesical BCG (bacillus Calmette-Guerin)

Usually used for patients with multiple tumors or for high-risk patients

TURB with fulguration followed by intravesical chemotherapy

Thiotepa

Mitomycin

Doxorubicin

Segmental cystectomy (rare)

Radical cystectomy in selected patients with extensive or refractory superficial tumor

Interstitial irradiation with or without external-beam irradiation

Implantation of radioisotopes

Treatments under clinical investigation (code under Other Treatment)

Photodynamic therapy after intravenous hematoporphyrin derivative

Intravesical interferon alfa-2a (papillary and insitu)

Chemoprevention agents to prevent recurrence

Chemotherapy administered prior to cystectomy or in conjunction with external-beam irradiation

Multiple Primaries

For cases diagnosed on or after 1/1/1995:

When a patient is diagnosed with invasive transitional cell carcinoma and/or invasive papillary

² Clinical Oncology, 8th edition

transitional carcinoma of the bladder (8120-8130), code all subsequent occurrences of transitional cell carcinoma and/or papillary carcinoma as a recurrence.

Exception: When the first occurrence of transitional cell or papillary transitional carcinoma is insitu and a subsequent occurrence is invasive, code the invasive occurrence as a second primary.

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Collaborative Staging Codes

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

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Bladder

CS Tumor Size

SEE STANDARD TABLE

Bladder

CS Extension

Note 1: 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 non-invasive, 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 urinary bladder. Historically, carcinomas described as "confined to mucosa" were coded as localized. However, pathologists use this designation for non-invasion as well.

In order to rule out the possibility of coding noninvasive tumors in this category, abstractors should determine:

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

For Bladder Cases Only, Definite Statements of Non-invasion (Extension code 01) include: 'Non-infiltrating; non-invasive'; 'No evidence of invasion'; 'No extension into lamina propria'; 'No stromal invasion'; 'No extension into underlying supporting tissue'; 'Negative lamina propria and superficial muscle'; 'Negative muscle and (subepithelial) connective tissue'; 'No infiltrative behavior/component'. For Bladder Cases Only, Inferred Descriptions of Non-invasion (Extension code 03) include: 'No involvement of muscularis propria and no mention of subepithelium/submucosa'; 'No statement of invasion (microscopic description present)'; '(Underlying) Tissue insufficient to judge depth of invasion'; 'No invasion of bladder wall; no involvement of muscularis propria'; 'Benign deeper tissue'; 'Microscopic description problematic for pathologist (non-invasion versus superficial invasion)'; 'Froned surfaced by transitional cells'; 'No mural infiltration'; 'No evidence of invasion (no sampled stroma)'.

Note 2: The lamina propria and submucosa tend to merge when there is no muscularis mucosae, so these terms will be used interchangeably.

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Note 3: 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 4: If Extension code is 00-06, Behavior Code must be 2. If Extension code is 10, Behavior Code may be 2 or 3. If Extension code is 15 or greater, Behavior Code must be 3.

Note 5: Statements meaning Confined to Mucosa, NOS (code 10): Confined to mucosal surface Limited to mucosa, no invasion of submucosa and muscularis No infiltration/invasion of fibromuscular and muscular stroma Superficial, NOS.

Note 6: If a tumor is described as confined to mucosa (or the equivalents in Note 5) AND as papillary, use extension code 01 or 03. Use code 10 (confined to mucosa) only if the tumor is described as confined to mucosa but is not described as papillary.

Note 7: Periureteral in code 40 refers only to that portion of the ureter that is intramural to the bladder. All other periureteral involvement would be coded to 60.

Code	Description	TNM	SS77	SS2000
01	PAPILLARY transitional cell carcinoma, stated to be noninvasive Papillary non-infiltrating Jewett-Strong-Marshall Stage 0 TNM/AJCC Ta (See Note 1.)	Ta	IS	IS
03	PAPILLARY transitional cell carcinoma, with inferred description of non-invasion (See Note 1.)	Ta	IS	IS
06	Sessile (flat) (solid) carcinoma in situ Carcinoma in situ, NOS Transitional cell carcinoma in situ TNM/AJCC Tis Jewett-Strong-Marshall CIS	Tis	IS	IS
10	Confined to mucosa, NOS	Tis	L	L
15	Invasive tumor confined to subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma) TNM/AJCC T1 Jewett-Strong-Marshall Stage A	T1	L	L
20	Muscle (muscularis) invaded, NOS	T2NOS	L	L
21	Muscle (muscularis) invaded: Superficial muscle--inner half	T2a	L	L
22	Muscle (muscularis) invaded: Deep muscle--outer half	T2b	L	L
23	Extension through full thickness of bladder wall	T3a	L	L
30	Localized, NOS	T1	L	L
40	Adventitia Perivesical fat/tissue, NOS Periureteral fat/tissue Extension to/through serosa (mesothelium) Peritoneum	T3NOS	RE	RE
41	Extension to perivesical fat (microscopic)	T3a	RE	RE
42	Extension to perivesical fat (macroscopic) Extravesical mass	T3b	RE	RE
45	Stated as T4, NOS	T4NOS	RE	RE

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60	Prostate Urethra, including prostatic urethra Ureter	T4a	RE	RE
65	Vas deferens; seminal vesicle Rectovesical/Denonvilliers' fascia Parametrium	T4a	RE	RE
67	Uterus Vagina	T4a	RE	RE
70	Bladder is FIXED	T4b	RE	RE
75	Pelvic wall Abdominal wall	T4b	D	D
80	Further contiguous extension, including: Rectum, male Pubic bone Sigmoid	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Bladder

CS TS/Ext-Eval

Note: According to AJCC, staging basis for transurethral resection of bladder tumor (TURBT) is clinical and is recorded as CS TS/Ext-Eval "1" (c).

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	c
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence.	y

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8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Bladder

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 10-30, not the size of the lymph node itself.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes (including contralateral or bilateral nodes): Perivesical Iliac: Internal (hypogastric) Obturator External Iliac, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Pelvic, NOS Regional lymph node(s), NOS Single regional lymph node less than or equal to 2 cm	N1	RN	RN
20	Single regional lymph node greater than 2 cm and less than or equal to 5 cm OR multiple regional nodes, none greater than 5 cm	N2	RN	RN
30	Regional lymph node(s), at least one greater than 5 cm	N3	RN	RN
50	Regional lymph node(s), NOS (size and/or number not stated)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Bladder

CS Reg Nodes Eval

SEE STANDARD TABLE

Bladder

Reg LN Pos

SEE STANDARD TABLE

Bladder

Reg LN Exam

SEE STANDARD TABLE

Bladder

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s): Common iliac	M1	D	D
11	Distant lymph node(s), NOS Specified distant lymph node(s) other than code (10)	M1	D	D
40	Distant metastases, except distant lymph node(s) (code 10 or 11) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) or (11)]	M1	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Bladder

CS Mets Eval

SEE STANDARD TABLE

Bladder

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Bladder

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Bladder

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Bladder

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Bladder

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Bladder

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

Bladder

C670–C679

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**
- 10 Local tumor destruction, NOS
 - 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser
 - 15 Intravesical therapy
 - 16 Bacillus Calmette-Guerin (BCG) or other immunotherapy

No specimen sent to pathology from surgical events 10–16

[SEER Note: Code BCG as both surgery and immunotherapy]

- 20 **Local tumor excision**, NOS
 - 26 Polypectomy
 - 27 Excisional biopsy

[SEER Note: Code TURB as 27]

Combination of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation
- 25 Laser excision

[SEER Note: Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to pathology from surgical events 20–27

- 30 Partial cystectomy
- 50 Simple/total/complete cystectomy
- 60 Radical cystectomy (male only)

[SEER Note: This code is used only for men. It involves removal of bladder and prostate, with or without urethrectomy. The procedure is also called cystoprostatectomy. If a radical cystectomy is the procedure for a woman, use code 71.]

- 61 Radical cystectomy PLUS ileal conduit
- 62 Radical cystectomy PLUS continent reservoir or pouch, NOS
- 63 Radical cystectomy PLUS abdominal pouch (cutaneous)
- 64 Radical cystectomy PLUS insitu pouch (orthotopic)

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70 Pelvic exenteration, NOS

71 Radical cystectomy (**female** only); anterior exenteration

A radical cystectomy in a female includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra

72 Posterior exenteration

73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes

The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery (NAACCR item # 1292).

74 Extended exenteration

Includes pelvic blood vessels or bony pelvis

80 **Cystectomy, NOS**

90 **Surgery, NOS**

99 **Unknown** if surgery performed; **death certificate** ONLY

Collaborative Staging Codes

Urethra

C68.0

C68.0 Urethra

Note: Transitional cell carcinoma of the prostatic ducts and prostatic urethra are to be coded to urethra (C68.0) according to this schema.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Urethra

CS Tumor Size

SEE STANDARD TABLE

Urethra

CS Extension

Note: If CS Extension code is 00 or 05, Behavior Code must be 2. If CS Extension code is 10, Behavior Code must be 3.

Code	Description	TNM	SS77	SS2000
00	Carcinoma in situ, NOS	Tis	IS	IS
01	Carcinoma in situ, involvement of prostatic urethra	Tispu	IS	IS
02	Carcinoma in situ, involvement of prostatic ducts	Tispd	IS	IS
05	Noninvasive papillary, polypoid, or verrucous carcinoma Note: Code 05 does not apply to transitional cell carcinoma of prostatic urethra or prostatic ducts	Ta	IS	IS
10	Subepithelial connective tissue (lamina propria, submucosa) invaded	T1	L	L
20	Muscularis invaded	T2	L	L
30	Localized, NOS	T1	L	L
40	Corpus spongiosum Periurethral muscle (sphincter) Prostate	T2	RE	RE
60	Beyond the prostatic capsule Bladder neck Corpus cavernosum Vagina, anterior or NOS	T3	RE	RE
70	Other adjacent organs, including Bladder (excluding bladder neck) Seminal vesicle(s)	T4	D	D

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80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Urethra

CS TS/Ext-Eval

SEE STANDARD TABLE

Urethra

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 10-30, not the size of the lymph node itself.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes (including contralateral or bilateral nodes): Iliac, NOS: Common External Internal (hypogastric), NOS: Obturator Inguinal, NOS: Deep Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) Pelvic, NOS Sacral, NOS Presacral Regional lymph node(s), NOS Single regional lymph node less than or equal to 2 cm	N1	RN	RN
20	Single regional lymph node greater than 2 - 5 cm OR multiple regional nodes, none greater than 5 cm	N2	RN	RN
30	Regional lymph node(s), at least one greater than 5 cm	N2	RN	RN
50	Regional lymph node(s), NOS (size and/or number not stated)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Urethra

CS Reg Nodes Eval

SEE STANDARD TABLE

Urethra
Reg LN Pos
SEE STANDARD TABLE

Urethra
Reg LN Exam
SEE STANDARD TABLE

Urethra
CS Mets at DX
SEE STANDARD TABLE

Urethra
CS Mets Eval
SEE STANDARD TABLE

Urethra
CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Urethra
CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Urethra
CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Urethra
CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Urethra

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Urethra

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

C68.1, C68.8-C68.9

C68.1 Paraurethral gland

C68.8 Overlapping lesion of urinary organs

C68.9 Urinary system, NOS

Note: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Tumor Size

SEE STANDARD TABLE

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Extension

Note: If CS Extension code is 00 or 05, Behavior code must be 2. If CS Extension code is 10, Behavior Code must be 3.

Code	Description	TNM	SS77	SS2000
00	Carcinoma in situ, NOS (See Note)	NA	IS	IS
05	Noninvasive papillary, polypoid, or verrucous carcinoma (See Note)	NA	IS	IS
10	Subepithelial connective tissue (lamina propria, submucosa) invaded (See Note)	NA	L	L
20	Muscularis invaded	NA	L	L
30	Localized, NOS	NA	L	L
40	Corpus spongiosum Periurethral muscle (sphincter) Prostate	NA	RE	RE
60	Beyond the prostatic capsule Bladder neck Corpus cavernosum Vagina, anterior or NOS	NA	RE	RE
70	Other adjacent organs, including Bladder (excluding bladder neck) Seminal vesicle(s)	NA	D	D

SEER Program Coding and Staging Manual 2004

80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes (including contralateral or bilateral nodes): Iliac, NOS: Common External Internal (hypogastric), NOS: Obturator Inguinal, NOS: Deep Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) Pelvic, NOS Sacral, NOS Presacral Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

Reg LN Pos

SEE STANDARD TABLE

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

Reg LN Exam

SEE STANDARD TABLE

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, **C680–C689**, C690–C699, C740–C749, C750–C759

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to **pathology** from surgical events 10–14

20 **Local tumor excision**, NOS

26 Polypectomy

27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

[**SEER Note:** Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to **pathology** from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 **Total surgical removal** of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “**debulking**”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

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Collaborative Staging Codes

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

C69.0

C69.0 Conjunctiva

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Tumor Size

SEE STANDARD TABLE

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to conjunctiva	*	L	L
30	Localized, NOS	*	L	L
40	Intraocular extension	T3	L	L
50	Adjacent extraocular extension, excluding orbit Eyelid	T3	RE	RE
70	Orbit, NOS	T4NOS	RE	RE
71	Orbital soft tissues without bone invasion	T4a	RE	RE
72	Bone of orbit	T4b	RE	RE
78	Adjacent paranasal sinuses	T4c	RE	RE
79	Brain	T4d	D	D
80	Further contiguous extension	T4NOS	D	D
95	No evidence of primary tumor	T0	U	U

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99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
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* For Extension codes 10 and 30 ONLY, T category is assigned based on value of CS Tumor Size, as shown in Extension Size Table. Tumors 5mm or less are T1. Tumors more than 5mm are T2.

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS TS/Ext-Eval

SEE STANDARD TABLE

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Reg Nodes Eval

SEE STANDARD TABLE

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

Reg LN Pos

SEE STANDARD TABLE

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

Reg LN Exam

SEE STANDARD TABLE

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Mets at DX

SEE STANDARD TABLE

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Mets Eval

SEE STANDARD TABLE

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes
Malignant Melanoma of Conjunctiva
C69.0

(M-8720-8790)
 C69.0 Conjunctiva

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage for TNM sites with no stage groupings
CS Extension	Measured Thickness (Depth),	
CS TS/Ext-Eval	Breslow's Measurement	
CS Lymph Nodes	CS Site-Specific Factor 2	
CS Reg Nodes Eval	CS Site-Specific Factor 3	
Reg LN Pos	CS Site-Specific Factor 4	
Reg LN Exam	CS Site-Specific Factor 5	
CS Mets at DX	CS Site-Specific Factor 6	
CS Mets Eval		

Malignant Melanoma of Conjunctiva
CS Tumor Size

Note: Record the size of the tumor in the CS Tumor Size table below, not depth or thickness. Depth or thickness is recorded in Site Specific Factor 1 in the Measured Thickness (Depth), Breslow's Measurement table.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
999	Unknown; size not stated Not documented in patient record

Malignant Melanoma of Conjunctiva
CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ	Tis	IS	IS
10	Tumor(s) of bulbar conjunctiva confined to the epithelium occupying more one quadrant or less	T1	L	L
12	Tumor(s) of bulbar conjunctiva confined to the epithelium occupying more than one quadrant	T1	L	L

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15	Tumor(s) of bulbar conjunctiva, NOS	T1	L	L
30	Localized, NOS	T1	L	L
40	Tumor of bulbar conjunctiva, thickness not stated, WITH invasion of substantia propria (or with corneal extension, NOS)	T2	RE	RE
41	Tumor of bulbar conjunctiva, not more than 0.8 mm in thickness, WITH invasion of substantia propria (or with corneal extension, NOS)	T2	RE	RE
42	Tumor of bulbar conjunctiva, more than 0.8 mm in thickness, WITH invasion of substantia propria (or with corneal extension, NOS)	T3	RE	RE
44	Tumor involves: Caruncle Conjunctival fornix Palpebral conjunctiva	T3	L	L
46	(44) + any of [(40) or (42)]	T3	RE	RE
70	Extension to: Eyelid Globe Orbit	T4	RE	RE
80	Further contiguous extension, including: Central nervous system Sinuses	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Malignant Melanoma of Conjunctiva

CS TS/Ext-Eval

SEE STANDARD TABLE

Malignant Melanoma of Conjunctiva

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN

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80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Malignant Melanoma of Conjunctiva
CS Reg Nodes Eval
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva
Reg LN Pos
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva
Reg LN Exam
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva
CS Mets at DX
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva
CS Mets Eval
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva
CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement**

Note: Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in millimeters from the pathology report.

Code	Description
000	No mass/tumor found
001-988	0.01 - 9.88 millimeters Code exact measurement in HUNDREDTHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeters 105 1.05 millimeters 988 9.88 millimeters
989	9.89 millimeters or larger
990	Microinvasion; microscopic focus or foci only; no size given

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999	Unknown; size not stated Not documented in patient record
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Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

C69.1-C69.4, C69.8-C69.9

C69.1 Cornea, NOS

C69.2 Retina

C69.3 Choroid

C69.4 Ciliary body

C69.8 Overlapping lesion of eye and adnexa

C69.9 Eye, NOS

Note 1: Laterality must be coded for this site.

Note 2: AJCC does not define TNM staging for this site.

Note 3: AJCC includes primary site C69.8 (Overlapping lesions of eye and adnexa) in its chapter 46, Sarcoma of the Orbit. Collaborative Staging excludes melanomas and retinoblastomas from this schema. All other histologies are included with this schema.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Tumor Size

SEE STANDARD TABLE

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ	NA	IS	IS
10	Tumor confined to site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Intraocular extension	NA	L	L
70	Adjacent extraocular extension: Eyelid Orbit	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]
CS TS/Ext-Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]
CS Lymph Nodes**

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]
CS Reg Nodes Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

Reg LN Pos

SEE STANDARD TABLE

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

Reg LN Exam

SEE STANDARD TABLE

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Malignant Melanoma of Iris and Ciliary Body

C69.4

(M-8720-8790)

C69.4 Ciliary Body and Iris

Note: Laterality must be coded for these sites

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Measured Thickness (Depth),	
CS TS/Ext-Eval	Breslow's Measurement	
CS Lymph Nodes	CS Site-Specific Factor 2	
CS Reg Nodes Eval	CS Site-Specific Factor 3	
Reg LN Pos	CS Site-Specific Factor 4	
Reg LN Exam	CS Site-Specific Factor 5	
CS Mets at DX	CS Site-Specific Factor 6	
CS Mets Eval		

Malignant Melanoma of Iris and Ciliary Body

CS Tumor Size

SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body

CS Extension

Note 1: AJCC 6th Edition states that when basal dimension and apical height do not fit this classification, the largest diameter should be used for classification. In clinical practice the tumor base may be estimated in optic disc diameters (dd) (average: 1 dd = 1.5mm). The elevation may be estimated in diopters (average: 3 diopters = 1 mm). Other techniques, such as ultrasonography and computerized stereometry, may provide a more accurate measurement.

Note 2: Iris and ciliary body are both included in the ICD-O-3 site code of C69.4, so they are in the same Collaborative Staging schema. However, they are staged with different criteria by AJCC. Many of the extension codes below are marked as applicable to either iris or ciliary body only. Any code not so marked may be used for either site.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	FOR IRIS PRIMARY ONLY: Confined to iris, NOS	T1N0S	L	L
11	FOR IRIS PRIMARY ONLY: Limited to iris not more than 3 clock hours in size, WITHOUT melanolytic glaucoma, or not stated if melanolytic glaucoma	T1a	L	L
13	FOR IRIS PRIMARY ONLY: Limited to iris more than 3 clock hours in size, WITHOUT melanolytic glaucoma, or not stated if melanolytic glaucoma	T1b	L	L
14	FOR IRIS PRIMARY ONLY: Limited to iris WITH melanolytic glaucoma	T1c	L	L

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21	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), not stated if extraocular extension present (See Note 1.)	T1NOS	L	L
22	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITHOUT microscopic or macroscopic extraocular extension. (See Note 1.)	T1a	L	L
23	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH microscopic extraocular extension. (See Note 1.)	T1b	L	L
24	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH macroscopic extraocular extension. (See Note 1.)	T1c	L	L
30	Localized, NOS Diameter and/or thickness in clock hours or mm not stated	T1NOS	L	L
41	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITHOUT melanolytic glaucoma, or not stated if melanolytic glaucoma	T2NOS	L	L
42	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITH melanolytic glaucoma	T2a	L	L
51	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), not stated if extraocular extension present (See Note 1.)	T2NOS	L	L
52	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITHOUT microscopic or macroscopic extraocular extension present. (See Note 1.)	T2a	L	L
53	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH microscopic extraocular extension present. (See Note 1.)	T2b	RE	RE
54	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH macroscopic extraocular extension present. (See Note 1.)	T2c	RE	RE

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60	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITH scleral extension, WITHOUT melanomalytic glaucoma, or not stated if melanomalytic glaucoma	T3NOS	L	L
61	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITH scleral extension, AND melanomalytic glaucoma	T3a	L	L
65	FOR IRIS PRIMARY ONLY: Extraocular extension	T4	RE	RE
71	FOR CILIARY BODY PRIMARY ONLY: Tumor more than 16 mm in greatest basal diameter and/or greater than 10 mm in maximum height (thickness), WITHOUT extraocular extension or not stated if extraocular extension present. (See Note 1.)	T3NOS	L	L
75	FOR CILIARY BODY PRIMARY ONLY: Tumor more than 16 mm in greatest basal diameter and/or greater than 10 mm in maximum height (thickness), WITH extraocular extension. (See Note 1.)	T4	RE	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Malignant Melanoma of Iris and Ciliary Body
CS TS/Ext-Eval
SEE STANDARD TABLE**

**Malignant Melanoma of Iris and Ciliary Body
CS Lymph Nodes**

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Parotid (preauricular) Submandibular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Malignant Melanoma of Iris and Ciliary Body

CS Reg Nodes Eval

SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body

Reg LN Pos

SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body

Reg LN Exam

SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body

CS Mets at DX

SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body

CS Mets Eval

SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body

CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement

Note: Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in millimeters from the pathology report.

Code	Description
000	No mass/tumor found
001-988	0.01 - 9.88 millimeters Code exact measurement in HUNDREDTHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeters 105 1.05 millimeters 988 9.88 millimeters
989	9.89 millimeters or larger
990	Microinvasion; microscopic focus or foci only; no size given
999	Unknown; size not stated Not documented in patient record

Malignant Melanoma of Iris and Ciliary Body

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Malignant Melanoma of Iris and Ciliary Body

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Malignant Melanoma of Iris and Ciliary Body

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Malignant Melanoma of Iris and Ciliary Body

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Malignant Melanoma of Iris and Ciliary Body

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes
Malignant Melanoma of Choroid
C69.3

(M-8720-8790)

C69.3 Choroid

Note: Laterality must be coded for these sites

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Measured Thickness (Depth),	
CS TS/Ext-Eval	Breslow's Measurement	
CS Lymph Nodes	CS Site-Specific Factor 2	
CS Reg Nodes Eval	CS Site-Specific Factor 3	
Reg LN Pos	CS Site-Specific Factor 4	
Reg LN Exam	CS Site-Specific Factor 5	
CS Mets at DX	CS Site-Specific Factor 6	
CS Mets Eval		

Malignant Melanoma of Choroid
CS Tumor Size
SEE STANDARD TABLE

Malignant Melanoma of Choroid
CS Extension

Note: AJCC 6th Edition states that when basal dimension and apical height do not fit this classification, the largest diameter should be used for classification. In clinical practice the tumor base may be estimated in optic disc diameters (dd) (average: 1 dd = 1.5mm). The elevation may be estimated in diopters (average: 3 diopters = 1 mm). Other techniques, such as ultrasonography and computerized stereometry, may provide a more accurate measurement.

Code	Description	TNM	SS77	SS2000
00	In situ	Tis	IS	IS
22	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), AND extraocular invasion unknown	T1NOS	L	L
24	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITHOUT microscopic extraocular extension	T1a	L	L
26	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH microscopic extraocular extension	T1b	L	L
28	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH macroscopic extraocular extension	T1c	L	L
30	Localized, NOS	T1NOS	L	L
42	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), AND extraocular invasion unknown	T2NOS	L	L

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44	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITHOUT microscopic extraocular invasion	T2a	L	L
46	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH microscopic extraocular invasion	T2b	RE	RE
48	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH macroscopic extraocular invasion	T2c	RE	RE
66	Tumor greater than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) WITH microscopic extraocular extension	T3	RE	RE
68	Tumor greater than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) WITH macroscopic extraocular extension	T4	RE	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Malignant Melanoma of Choroid

CS TS/Ext-Eval

SEE STANDARD TABLE

Malignant Melanoma of Choroid

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Parotid (preauricular) Submandibular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Malignant Melanoma of Choroid

CS Reg Nodes Eval

SEE STANDARD TABLE

Malignant Melanoma of Choroid
Reg LN Pos
SEE STANDARD TABLE

Malignant Melanoma of Choroid
Reg LN Exam
SEE STANDARD TABLE

Malignant Melanoma of Choroid
CS Mets at DX
SEE STANDARD TABLE

Malignant Melanoma of Choroid
CS Mets Eval
SEE STANDARD TABLE

Malignant Melanoma of Choroid
CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement

Note: Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in millimeters from the pathology report.

Code	Description
000	No mass/tumor found
001-988	0.01 - 9.88 millimeters Code exact measurement in HUNDREDTHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeters 105 1.05 millimeters 988 9.88 millimeters
989	9.89 millimeters or larger
990	Microinvasion; microscopic focus or foci only; no size given
999	Unknown; size not stated Not documented in patient record

Malignant Melanoma of Choroid
CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Choroid
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Choroid
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Choroid
CS Site-Specific Factor 5**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Choroid
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site

Collaborative Staging Codes

Malignant Melanoma of Other Eye

C69.1, C69.2, C69.5, C69.8-C69.9

(M-8720-8790)

C69.1 Cornea

C69.2 Retina

C69.5 Lacrimal gland

C69.8 Overlapping lesion of eye and adnexa

C69.9 Eye, NOS

Excludes 69.0 Conjunctiva, C69.3 Choroid, and C69.4 Ciliary Body

Note 1: Laterality must be coded for these sites

Note 2: AJCC includes primary site C69.8 (Overlapping lesions of eye and adnexa) in its chapter 46, Sarcoma of the Orbit. This schema includes only melanomas of the sites listed above.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Malignant Melanoma of Other Eye

CS Tumor Size

SEE STANDARD TABLE

Malignant Melanoma of Other Eye

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	NA	IS	IS
10	Tumor limited to other part of eye WITH or WITHOUT intraocular extension	NA	L	L
30	Localized, NOS	NA	L	L
70	Adjacent extraocular extension	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Malignant Melanoma of Other Eye

CS TS/Ext-Eval

SEE STANDARD TABLE

**Malignant Melanoma of Other Eye
CS Lymph Nodes**

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes Cervical Parotid (preauricular) Submandibular Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

**Malignant Melanoma of Other Eye
CS Reg Nodes Eval
SEE STANDARD TABLE**

**Malignant Melanoma of Other Eye
Reg LN Pos
SEE STANDARD TABLE**

**Malignant Melanoma of Other Eye
Reg LN Exam
SEE STANDARD TABLE**

**Malignant Melanoma of Other Eye
CS Mets at DX**

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

**Malignant Melanoma of Other Eye
CS Mets Eval
SEE STANDARD TABLE**

**Malignant Melanoma of Other Eye
CS Site-Specific Factor 1**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye
CS Site-Specific Factor 2**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye
CS Site-Specific Factor 5**

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes

Lacrimal Gland

C69.5

C69.5 Lacrimal gland

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Extension Size Table 2
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Lacrimal Gland

CS Tumor Size

SEE STANDARD TABLE

Lacrimal Gland

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to lacrimal gland/duct	*	L	L
30	Localized, NOS	*	L	L
40	Invading periosteum of fossa of lacrimal gland/duct	**	RE	RE
60	Extension to any of the following WITHOUT bone invasion: Globe (eyeball) Optic nerve Orbital soft tissues	T4	RE	RE
70	Adjacent bone	T4	RE	RE
75	Brain	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

*For Extension codes 10 and 30 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in Extension Size Table. Tumors 2.5 cm or less are T1, and tumors between 2.5 and 5 cm are T2.

**For Extension code 40 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in Extension Size Table 2. Tumors 5 cm or less are T3a, and tumors more than 5 cm are T3b.

Lacrimal Gland
CS TS/Ext-Eval
SEE STANDARD TABLE

Lacrimal Gland
CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Lacrimal Gland
CS Reg Nodes Eval
SEE STANDARD TABLE

Lacrimal Gland
Reg LN Pos
SEE STANDARD TABLE

Lacrimal Gland
Reg LN Exam
SEE STANDARD TABLE

Lacrimal Gland
CS Mets at DX
SEE STANDARD TABLE

Lacrimal Gland
CS Mets Eval
SEE STANDARD TABLE

Lacrimal Gland

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Lacrimal Gland

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Lacrimal Gland

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Lacrimal Gland

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Lacrimal Gland

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Lacrimal Gland

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes

Orbit

C69.6

C69.6 Orbit, NOS

Note 1: Laterality must be coded for this site.

Note 2: AJCC uses this scheme only for sarcomas of the orbit.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Orbit

CS Tumor Size

SEE STANDARD TABLE

Orbit

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to orbit Localized, NOS	*	L	L
40	Diffuse invasion of orbital tissues and/or bony walls	T3	RE	RE
60	Extension to: Adjacent paranasal sinuses Cranium	T4	RE	RE
70	Central nervous system	T4	D	D
80	Further contiguous extension	T4	L	L
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

*For Extension code 10 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Orbit

CS TS/Ext-Eval

SEE STANDARD TABLE

Orbit

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Orbit

CS Reg Nodes Eval

SEE STANDARD TABLE

Orbit

Reg LN Pos

SEE STANDARD TABLE

Orbit

Reg LN Exam

SEE STANDARD TABLE

Orbit

CS Mets at DX

SEE STANDARD TABLE

Orbit

CS Mets Eval

SEE STANDARD TABLE

Orbit

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Orbit

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Orbit

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Orbit

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Orbit

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Orbit

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes

Retinoblastoma

C69.0-C69.6, C69.8-C69.9

(9510-9514)

C69.0 Conjunctiva

C69.1 Cornea, NOS

C69.2 Retina

C69.3 Choroid

C69.4 Ciliary Body

C69.5 Lacrimal Gland

C69.6 Orbit, NOS

C69.8 Overlapping lesion of eye and adnexa

C69.9 Eye, NOS

Note 1: Laterality must be coded for this site.

Note 2: Code all retinoblastomas using this scheme, including conjunctiva, uvea and other parts of eye.

CS Tumor Size	CS Site-Specific Factor 1 - Extension	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage for TNM sites with no stage groupings CS Mets at DX, CS Mets Eval
CS Extension	Evaluated at Enucleation	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

Retinoblastoma

CS Tumor Size

SEE STANDARD TABLE

Retinoblastoma

CS Extension

Code	Description	TNM	SS77	SS2000
11	Any eye in which the largest tumor is less than or equal to 3 mm in height AND no tumor is located closer than 1 DD (1.5 mm) to the optic nerve or fovea	T1a	L	L
13	All other eyes in which the tumor(s) are confined to retina regardless of location or size (up to half the volume of the eye) AND no vitreous seeding AND no retinal detachment or subretinal fluid greater than 5 mm from the base of the tumor	T1b	L	L
31	Tumor confined to retina (no vitreous seeding or significant retinal detachment), NOS	T1NOS	L	L

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41	Minimal tumor spread to vitreous and/or subretinal space. Fine local or diffuse vitreous seeding and/or serous retinal detachment up to total detachment may be present but no clumps, lumps, snowballs, or avascular masses are allowed in the vitreous or subretinal space. Calcium flecks in the vitreous or subretinal space are allowed. Tumor may fill up to 2/3 the volume of the eye.	T2a	L	L
43	Massive tumor spread to vitreous and/or subretinal space. Vitreous seeding and/or subretinal implantation may consist of lumps, clumps, snowballs, or avascular tumor masses. Retinal detachment may be total. Tumor may fill up to 2/3 the volume of the eye.	T2b	L	L
45	Unsalvageable intraocular disease. Tumor fills more than 2/3 the eye No possibility of visual rehabilitation. One or more of the following are present: Tumor-associated glaucoma, either neovascular or angle closure Anterior segment extension of tumor Ciliary body extension of tumor Hyphema (significant) Massive vitreous hemorrhage Tumor in contact with lens Orbital cellulitis-like clinical presentation	T2c	L	L
47	Tumor with contiguous spread to adjacent tissues or spaces (vitreous or subretinal space), NOS	T2NOS	L	L
59	Invasion of optic nerve and/or optic coats, NOS	T3	RE	RE
75	Extraocular tumor	T4	RE	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Note: If enucleation done (i.e., SSF1 code 030 to 080) the T category is derived from Site-Specific Factor 1 and assigned "pT". If no enucleation done, the T category is derived from CS Extension and assigned based on CS TS/Ext-Eval field.

Retinoblastoma

CS TS/Ext-Eval

Note: This item reflects the validity of the classification of the Tumor Size and CS Extension were determined based on the diagnostic methods employed.

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c

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1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging.	c
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. Meets criteria for AJCC pathological T staging.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence.	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Retinoblastoma

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Submandibular Parotid (preauricular) Cervical Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Retinoblastoma

CS Reg Nodes Eval

SEE STANDARD TABLE

Retinoblastoma

Reg LN Pos

SEE STANDARD TABLE

Retinoblastoma
Reg LN Exam
SEE STANDARD TABLE

Retinoblastoma
CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	*	D	D
30	Distant metastasis to bone marrow only	*	D	D
40	Distant metastasis except distant lymph node(s) (10) or bone marrow (30) Distant metastasis, NOS Carcinomatosis	*	D	D
50	(10) + any of [(30) or (40)] Distant lymph node(s) plus other distant metastases	*	D	D
55	Stated as M1, NOS	*	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

* For Mets at DX codes 10, 30, 40, 50, and 55 ONLY, the M category is assigned based on the value of CS Mets at DX, as shown in the table CS Mets, Mets Eval for this site.

Retinoblastoma
CS Mets Eval
SEE STANDARD TABLE

Retinoblastoma
CS Site-Specific Factor 1 Extension Evaluated at Enucleation

Note: If no enucleation has been performed, code 000.

Code	Description	TNM	SS77	SS2000
000	No enucleation performed	TX	U	U
030	Tumor(s) confined to retina, NOS	T1	L	L
041	Tumor cells in the vitreous body	T1	L	L
043	Tumor(s) confined to subretinal space. No optic nerve or choroidal invasion	T1	L	L
044	Tumor invades optic nerve up to, but not through, level of lamina cribrosa	T2a	L	L
046	Tumor invades choroid focally	T2b	L	L

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047	Tumor invades optic nerve up to, but not through, level of lamina cribrosa AND invades the choroid focally	T2c	L	L
048	Optic nerve as far as lamina cribrosa, NOS	T2NOS	L	L
049	Minimal invasion of optic nerve and/or optic coats, NOS	T2NOS	L	L
054	Tumor invades optic nerve through the level of lamina cribrosa but not to line of resection	T3a	RE	RE
056	Tumor massively invades choroid	T3b	RE	RE
057	Tumor invades optic nerve through level of lamina cribrosa but not to line and resection AND massively invades choroid	T3c	RE	RE
059	Significant invasion of optic nerve and/or optic coats, NOS	T3NOS	RE	RE
072	Extraocular extension including: Both anteriorly or posteriorly into orbit Optic nerve to line of resection Orbit through sclera Extension into subarachnoidal space of optic nerve Extension to apex of orbit	T4	RE	RE
074	Extraocular extension including into: Brain Brain beyond the chiasm	T4	D	D
075	Other adjacent extraocular extension	T4	RE	RE
080	Further contiguous extension	T4	D	D
095	No evidence of primary tumor	T0	U	U
096	Unknown if enucleation done	TX	U	U
999	Enucleation done: Extension unknown	TX	U	U

Retinoblastoma

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Retinoblastoma

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Retinoblastoma

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Retinoblastoma

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Retinoblastoma

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, C680–C689, **C690–C699**, C740–C749, C750–C759

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; **no surgery** of primary site; **autopsy** ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14

20 **Local tumor excision**, NOS

26 Polypectomy

27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

[SEER Note: Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 **Total surgical removal** of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “**debulking**”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[SEER Note: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate** ONLY

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SEER Site-Specific Coding Guidelines
BRAIN [and other parts of central nervous system]
Meninges C700-C709, Brain C710-C719,
Spinal Cord, Cranial Nerves and
Other Parts of Central Nervous System C720-C729

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Grade

Astrocytoma

Grade astrocytomas (M-9383, 9400, 9401, 9410-9412, 9420, 9421) according to ICD-O-3 rules.

Term	Grade	SEER Code
Well differentiated	Grade 1	1
Intermediate differentiation	Grade II	2
Poorly differentiated	Grade III	3
Anaplastic	Grade IV	4

Use the **conversion table** in the Grade, Differentiation, or Cell Indicator section general instructions to code low grade, intermediate grade, and high grade

Code the Grade, Differentiation field to 9 [Cell type not determined, not stated or not applicable] in the absence of a stated grade on the pathology report. If a grade is stated, code the stated grade.

If **no grade** is given, code unknown, 9

Always code the Grade, Differentiation field to for 4 [Grade IV] for "anaplastic" tumors. Anaplastic is synonymous with undifferentiated.

Do not automatically code **glioblastoma multiforme** as grade IV. If no grade is given, code to unknown, 9.

For primary tumors of the brain and spinal cord (C710-C729) do not use the **WHO grade, Anne/Mayo, or Kemohan grades** to code this field. Record the WHO grade in the data item CS Site-Specific Factor 1.

The use of World Health Organization coding of aggressiveness is reserved for assignment of grade for staging.

Juvenile astrocytoma, listed as 9421/1 in ICD-O-3, is reportable. Record as 9421/3 in the registry.

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**Collaborative Staging Codes
Brain and Cerebral Meninges**

C70.0, C71.0-C71.9

- C70.0 Cerebral meninges
- C71.0 Cerebrum
- C71.1 Frontal lobe
- C71.2 Temporal lobe
- C71.3 Parietal lobe
- C71.4 Occipital lobe
- C71.5 Ventricle, NOS
- C71.6 Cerebellum, NOS
- C71.7 Brain stem
- C71.8 Overlapping lesion of brain
- C71.9 Brain, NOS

Note 1: This scheme is compatible with the AJCC fourth edition scheme TNM for brain. The AJCC opted not to recommend a TNM scheme in the sixth edition.

Note 2: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1 - WHO	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Grade Classification	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

Brain and Cerebral Meninges

CS Tumor Size

SEE STANDARD TABLE

Brain and Cerebral Meninges

CS Extension

Note: C71.0 is SUPRAtentorial, except the following subsites coded to C 71.0 are INFRAtentorial: hypothalamus, pallium, thalamus. C71.1-C71.5 are SUPRAtentorial. C71.6-C71.7 are INFRAtentorial. 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.

Code	Description	TNM	SS77	SS2000
05	Benign or borderline brain tumors	NA	NA	NA
10	Supratentorial tumor confined to: CEREBRAL HEMISPHERE (cerebrum) or MENINGES of CEREBRAL HEMISPHERE on one side: Frontal lobe Occipital lobe Parietal lobe Temporal lobe	NA	L	L
11	Infratentorial tumor confined to: CEREBELLUM or MENINGES of CEREBELLUM on one side:	NA	L	L

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11, cont'd	Vermis: Lateral lobes Median lobe of cerebellum			
12	Infratentorial tumor confined to: BRAIN STEM or MENINGES of BRAIN STEM on one side: Medulla oblongata Midbrain (mesencephalon) Pons Hypothalamus Thalamus	NA	L	L
15	Confined to brain, NOS Confined to meninges, NOS	NA	L	L
20	Infratentorial tumor: Both cerebellum and brain stem involved with tumor on one side	NA	L	L
30	Confined to ventricles Tumor invades or encroaches upon ventricular system	NA	L	L
40	Tumor crosses the midline Tumor involves contralateral hemisphere Tumor involves corpus callosum (including splenium)	NA	RE	RE
50	Supratentorial tumor extends infratentorially to involve cerebellum or brain stem	NA	RE	RE
51	Infratentorial tumor extends supratentorially to involve cerebrum (cerebral hemisphere)	NA	RE	RE
60	Tumor invades: Bone (skull) Major blood vessel(s) Meninges (dura) Nerves, NOS Cranial nerves Spinal cord/canal	NA	RE	RE
70	Circulating cells in cerebral spinal fluid (CSF) Nasal cavity Nasopharynx Posterior pharynx Outside central nervous system (CNS)	NA	D	D
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Brain and Cerebral Meninges

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site.	NA

Brain and Cerebral Meninges

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Brain and Cerebral Meninges

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site.	NA

Brain and Cerebral Meninges

Reg LN Pos

Code	Description
99	Not applicable.

Brain and Cerebral Meninges

Reg LN Exam

Code	Description
99	Not applicable.

Brain and Cerebral Meninges

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant metastases	NA	D	D
85	"Drop" metastases	NA	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	NA	U	U

Brain and Cerebral Meninges

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site.	NA

Brain and Cerebral Meninges

CS Site-Specific Factor 1 WHO Grade Classification

Note: Code the WHO Grade Classification as documented in the medical record.

Code	Description
010	Grade I
020	Grade II
030	Grade III
040	Grade IV
999	Clinically diagnosed/grade unknown Not documented in medical record Grade unknown, NOS

Brain and Cerebral Meninges

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Brain and Cerebral Meninges

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Brain and Cerebral Meninges

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Brain and Cerebral Meninges

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Brain and Cerebral Meninges

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes

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

Note: This schema is compatible with the AJCC fourth edition TNM for spinal cord. AJCC does not define TNM staging for this site in the sixth edition.

<ul style="list-style-type: none"> CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval 	<p>CS Site-Specific Factor 1 - WHO Grade Classification</p> <ul style="list-style-type: none"> CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6 	<p>The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage</p>
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Other Parts of Central Nervous System

CS Tumor Size

SEE STANDARD TABLE

Other Parts of Central Nervous System

CS Extension

Code	Description	TNM	SS77	SS2000
05	Benign or borderline brain tumors	NA	NA	NA
10	Tumor confined to tissue or site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Meningeal tumor infiltrates nerve Nerve tumor infiltrates meninges (dura)	NA	RE	RE
50	Adjacent connective/soft tissue Adjacent muscle	NA	RE	RE
60	Brain, for cranial nerve tumors Major blood vessel(s) Sphenoid and frontal sinuses (skull)	NA	RE	RE
70	Brain except for cranial nerve tumors Bone, other than skull Eye	NA	D	D
80	Further contiguous extension	NA	D	D

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95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Other Parts of Central Nervous System

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other Parts of Central Nervous System

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Other Parts of Central Nervous System

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other Parts of Central Nervous System

Reg LN Pos

Code	Description
99	Not applicable.

Other Parts of Central Nervous System

Reg LN Exam

Code	Description
99	Not applicable.

Other Parts of Central Nervous System

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D

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40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Other Parts of Central Nervous System

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other Parts of Central Nervous System

CS Site-Specific Factor 1 WHO Grade Classification

Note: Code the WHO Grade Classification as documented in the medical record for sites C70.1 and C70.9 only.

Code	Description
010	Grade I
020	Grade II
030	Grade III
040	Grade IV
999	Clinically diagnosed/grade unknown Not documented in medical record Grade unknown, NOS

Other Parts of Central Nervous System

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Other Parts of Central Nervous System

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Other Parts of Central Nervous System

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Other Parts of Central Nervous System

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Other Parts of Central Nervous System

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

BRAIN [and other parts of central nervous system]

Meninges C700-C709, Brain C710-C719,

Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C720-C729

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Do not code laminectomies for spinal cord primaries

Codes

00 None; **no surgery** of primary site; **autopsy** ONLY

10 Tumor **destruction**, NOS

[**SEER Note:** Local tumor destruction, NOS]

No specimen sent to **pathology** from surgical event 10

Do not record stereotactic radiosurgery as tumor destruction. It should be recorded in the radiation treatment item.

20 Local excision (biopsy) of lesion or mass

Specimen sent to **pathology** from surgical event 20

40 Partial resection

[**SEER Note:** Partial resection, NOS]

55 Gross total resection

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate** ONLY

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SEER Site-Specific Coding Guidelines

THYROID GLAND

C739

Coding Hormone Therapy

Hormones as Replacement Therapy – Do Not Code as Treatment

The thyroid gland produces hormones that influence essentially every organ, tissue and cell in the body. When the thyroid is partially or totally removed, it is no longer able to secrete these essential hormones and the patient is placed on hormone replacement therapy. Do not code replacement therapy as treatment.

Hormone Treatment for Follicular Thyroid Cancer – Code in the Hormone Field

The growth of follicular cell cancer depends on thyroid stimulating hormone. Suppression of these hormones is thought to deprive the cells of a growth-promoting influence. Patients with follicular cell-derived cancers have been treated with supraphysiologic doses of thyroid hormone to suppress serum thyroid-stimulating hormones. This treatment has been an industry standard for more than forty years. Record the delivery of these hormones in the Hormone treatment field.

Generic Thyroid Drug Names

Levothyroxine /L-thyroxine
Liothyronine
Liotrix
Methimazole
Natural Thyroid
Propylthiouracil / PTU
Thyrotropin alfa

Thyroid Drugs Brand Names

Armour Thyroid
Cytomel
Levothroid
Levoxyl
Naturethroid
Synthroid
Tapazole
Thyrogen
Thyrolar
Unithroid
Westhroid

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Collaborative Staging Codes

Thyroid Gland

C73.9

C73.9 Thyroid gland

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage-Thyroid: Papillary and Follicular - Age less than 45 Extension Size Table Histologies-Thyroid AJCC Stage-Thyroid: Papillary and Follicular - Age 45 and older AJCC Stage-Thyroid: Medullary AJCC Stage-Thyroid: Anaplastic
CS Extension	Solitary vs Multifocal	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

Thyroid Gland

CS Tumor Size

SEE STANDARD TABLE

Thyroid Gland

CS Extension

Note: AJCC considers all anaplastic carcinomas to be T4. Collaborative Staging has implemented this as follows: If histology is equal to 8020 or 8021 and if CS Extension is equal to 00, 10, 20, 30, 40, 45, or 48, then T category is equal to T4a. For these histologies, if CS Extension is equal to 50, 52, 60, 62, 70, 72, or 80, then T category is equal to T4b. If CS Extension is equal to 95 or 99, the T category is T4NOS. For all other histologies, follow the rules as shown in the tables.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive	Tis	IS	IS
10	Single invasive tumor confined to thyroid	*	L	L
20	Multiple foci confined to thyroid	*	L	L
30	Localized, NOS	*	L	L
40	Into thyroid capsule, but not beyond	*	L	L
45	Minimal extrathyroid extension including: Strap muscle(s): Omohyoid Sternohyoid Sternothyroid	T3	RE	RE
48	Pericapsular soft/connective tissue	T3	RE	RE
50	Parathyroid Nerves: Recurrent laryngeal Vagus	T4a	RE	RE

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52	Cricoid cartilages Esophagus Larynx Sternocleidomastoid muscle	T4a	RE	RE
60	Thyroid cartilage Tumor is described as "FIXED to adjacent tissues"	T4b	RE	RE
62	Blood vessel(s) (major): Carotid artery Jugular vein Thyroid artery or vein	T4b	RE	RE
70	Bone Skeletal muscle, other than strap or sternocleidomastoid muscle	T4b	D	D
72	Trachea	T4a	D	D
80	Further contiguous extension Mediastinal tissues Prevertebral fascia	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For Extension codes 10, 20, 30, and 40 ONLY, the T category is assigned based on value of CS Tumor Size from Extension Size Table.

Thyroid Gland
CS TS/Ext-Eval
SEE STANDARD TABLE

Thyroid Gland
CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Ipsilateral regional lymph nodes: Anterior deep cervical (laterotracheal) (recurrent laryngeal): Paralaryngeal Paratracheal Prelaryngeal Pretracheal Cervical, NOS Internal jugular, NOS: Deep cervical, NOS: Lower, NOS Jugulo-omohyoid (supraomohyoid) Middle Retropharyngeal Spinal accessory (posterior cervical)	N1a	RN	RN

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11	Regional lymph nodes: Delphian node Mediastinal, NOS Posterior mediastinal (tracheoesophageal) Upper anterior mediastinal Supraclavicular (transverse cervical)	N1a	D	RN
20	Regional lymph nodes as listed in code 10 Bilateral, contralateral, or midline cervical nodes	N1b	RN	RN
21	Regional lymph nodes as listed in code 11 Bilateral, contralateral, or midline cervical nodes	N1b	D	RN
30	Tracheoesophageal (posterior mediastinal)	N1b	RN	RN
31	Mediastinal, NOS Upper anterior mediastinal	N1b	D	RN
50	Regional lymph node(s), NOS	N1NOS	RN	RN
80	Lymph nodes, NOS	N1NOS	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Thyroid Gland
CS Reg Nodes Eval
SEE STANDARD TABLE

Thyroid Gland
Reg LN Pos
SEE STANDARD TABLE

Thyroid Gland
Reg LN Exam
SEE STANDARD TABLE

Thyroid Gland
CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mandibular, NOS	M1	D	D
11	Distant lymph node(s) Submandibular (submaxillary) Submental	M1	D	D
12	Distant lymph node(s) other than in code 10 or 11 Distant lymph node(s), NOS	M1	D	D

SEER Program Coding and Staging Manual 2004

40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + or any of [(10) to (12)] Distant lymph node(s) plus other distant metastasis)	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Thyroid Gland

CS Mets Eval

SEE STANDARD TABLE

Thyroid Gland

CS Site-Specific Factor 1 Solitary vs Multifocal

Code	Description
000	None
001	Solitary tumor
002	Multifocal tumor [AJCC descriptor (m)]
999	Insufficient information Not documented in patient record

Thyroid Gland

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Thyroid Gland

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Thyroid Gland

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Thyroid Gland
CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Thyroid Gland
CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

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

Note: Laterality must be coded for sites C74.0, C74.1, C74.9, and C75.4.

- C37.9 Thymus
- C74.0 Cortex of adrenal gland
- C74.1 Medulla of adrenal gland
- C74.9 Adrenal 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

Note: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1 - WHO	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Grade Classification	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Tumor Size

SEE STANDARD TABLE

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	NA	IS	IS
05	For C75.1 pituitary gland, C75.2 craniopharyngeal duct and C75.3 pineal gland ONLY: Benign or borderline tumors	NA	NA	NA
10	Invasive carcinoma confined to gland of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue (see definition in General Instructions)	NA	RE	RE
60	Adjacent organs/structures Thymus and aortic body: Organs/structures in mediastinum Adrenal (suprarenal): Kidney Retroperitoneal structures	NA	RE	RE

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60, cont'd	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			
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: Use code 99, not applicable, for the following sites: Pituitary gland (C75.1), Craniopharyngeal duct (C75.2), and Pineal gland (C75.3)

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes Cervical for carotid body and parathyroid only Mediastinal for aortic body and thymus only Retroperitoneal for adrenal (suprarenal) gland only	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record For Pituitary gland (C75.1), Craniopharyngeal duct (C75.2), and Pineal gland (C75.3): Not applicable	NA	U	U

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Reg Nodes Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
Reg LN Pos
SEE STANDARD TABLE**

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
Reg LN Exam
SEE STANDARD TABLE**

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Mets at DX**

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Mets Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Site-Specific Factor 1 WHO Grade Classification**

Note 1: WHO grade applies only to C75.1 pituitary gland, C75.2 craniopharyngeal duct, C75.3 pineal gland. For all other sites in this schema, enter code 999.

Note 2: Code the WHO Grade Classification as documented in the medical record.

Code	Description
010	Grade I

SEER Program Coding and Staging Manual 2004

020	Grade II
030	Grade III
040	Grade IV
999	Clinically diagnosed/grade unknown Not documented in medical record Grade unknown, NOS

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

Thyroid Gland

C739

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**

- 13 Local tumor destruction, NOS

 No specimen sent to pathology from surgical event 13

- 25 Removal of **less than a lobe**, NOS
 - 26 Local surgical excision
 - 27 Removal of a partial lobe ONLY
 Specimen sent to pathology from surgical events 25–27

- 20 Lobectomy and/or isthmectomy
 - 21 Lobectomy ONLY
 - 22 Isthmectomy ONLY
 - 23 Lobectomy WITH isthmus

- 30 Removal of a **lobe** and **partial** removal of the **contralateral lobe**

- 40 **Subtotal** or **near total** thyroidectomy

- 50 Total thyroidectomy

- 80 Thyroidectomy, NOS

- 90 Surgery, NOS

- 99 **Unknown** if surgery performed; **death certificate ONLY**

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Site-Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, **C379**, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, C680–C689, C690–C699, **C740–C749**, **C750–C759**

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**
- 10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser

No specimen sent to pathology from surgical events 10–14

20 **Local tumor excision**, NOS

- 26 Polypectomy
- 27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation
- 25 Laser excision

[**SEER Note:** Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to pathology from surgical events 20–27

- 30 Simple/partial surgical removal of primary site
- 40 **Total surgical removal** of primary site; enucleation
- 41 Total enucleation (for eye surgery only)
- 50 Surgery stated to be “**debulking**”
- 60 Radical surgery
Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate ONLY**

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SEER Site-Specific Coding Guidelines
KAPOSI SARCOMA OF ALL SITES
(M-9140)

Primary Site

Kaposi sarcoma is coded to the site in which it arises. If Kaposi sarcoma arises in skin and another site simultaneously, code to skin ('C44_'). If no primary site is stated, code to skin ('C44_').

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**Collaborative Staging Codes
Kaposi Sarcoma of All Sites
(M-9140)**

Note: This scheme cannot be compared to either the Historic Stage or the 1977 Summary Stage schemes.

CS Tumor Size	CS Site-Specific Factor 1 -	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Associated with HIV/AIDS	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

**Kaposi Sarcoma of All Sites
CS Tumor Size**

Code	Description
888	Not applicable

**Kaposi Sarcoma of All Sites
CS Extension**

Code	Description	TNM	SS77	SS2000
11	Single lesion: Skin	NA	U	L
12	Single lesion: Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)	NA	U	L
13	Single lesion: Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)	NA	U	L
21	Multiple lesions: Skin	NA	U	L
22	Multiple lesions: Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)	NA	U	L
23	Multiple lesions: Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)	NA	U	L
24	(21) + (22)	NA	U	RE
25	(21) + (23)	NA	U	RE
26	(22) + (23)	NA	U	RE
27	(21) + (22) + (23)	NA	U	D
29	Multiple lesions, NOS	NA	U	U
95	No evidence of primary tumor	NA	U	U

SEER Program Coding and Staging Manual 2004

99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U
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Kaposi Sarcoma of All Sites

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Kaposi Sarcoma of All Sites

CS Lymph Nodes

Note: For this site, code ALL lymph node involvement in this field.

Code	Description	TNM	SS77	SS2000
00	No lymph node involvement (No clinical adenopathy and either pathologically negative or no pathological statement)	NA	U	NONE
10	Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement	NA	U	RN
20	No clinically enlarged palpable lymph node(s) (adenopathy) but pathologically positive lymph node(s)	NA	U	RN
30	Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph node(s) Lymph nodes, NOS	NA	U	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

Kaposi Sarcoma of All Sites

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Kaposi Sarcoma of All Sites

Reg LN Pos

SEE STANDARD TABLE

Kaposi Sarcoma of All Sites

Reg LN Exam

SEE STANDARD TABLE

Kaposi Sarcoma of All Sites

CS Mets at DX

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Kaposi Sarcoma of All Sites

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Kaposi Sarcoma of All Sites

CS Site-Specific Factor 1 Associated with HIV/AIDS

* HIV (Human Immunodeficiency Virus) includes types I and II. Older terminology includes HTLV-3 and LAV.

Code	Description
001	Yes/Present
002	No/Not present
999	Unknown if present or not Insufficient information Not documented in patient record

Kaposi Sarcoma of All Sites

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Kaposi Sarcoma of All Sites

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Kaposi Sarcoma of All Sites

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Kaposi Sarcoma of All Sites

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Kaposi Sarcoma of All Sites

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

Skin

C440–C449

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser ablation

No specimen sent to pathology from surgical events 10–14

20 **Local tumor excision**, NOS

26 Polypectomy

27 Excisional biopsy

Any **combination** of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

[**SEER Note:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to pathology from surgical events 20–27

[**SEER Notes:** Code UVB phototherapy for mycosis fungoides primaries under Surgery of Primary Site for skin. Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen. Codes 20-27 include shave and wedge resection]

30 **Biopsy** of primary tumor **followed by a gross excision** of the lesion (does not have to be done under the same anesthesia)

31 Shave biopsy followed by a gross excision of the lesion

32 Punch biopsy followed by a gross excision of the lesion

33 Incisional biopsy followed by a gross excision of the lesion

34 Mohs surgery, NOS

35 Mohs with 1-cm margin or less

36 Mohs with more than 1-cm margin

[**SEER Note:** Codes 30 to 33 include less than a wide excision, less than 1 cm margin or margins are unknown. If it is stated to be a **wide excision** or **reexcision**, but the **margins are unknown**, code to 30. Code 45 represents a wide excision in which it is known that the margins of excision are greater than 1 cm.]

45 **Wide excision** or **reexcision** of lesion or **minor** (local) **amputation** with margins more than 1 cm, NOS. Margins **MUST** be microscopically negative.

46 WITH margins more than 1 cm and less than or equal to 2 cm

47 WITH margins greater than 2 cm

If the excision does not have microscopically negative margins greater than 1 cm, use the appropriate code, 20-36.

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- 60 Major amputation
- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate** ONLY

SEER Site-Specific Coding Guidelines

LYMPH NODES

Lymph Nodes C770–C779

Primary Site - Nodal vs Extra-nodal

1. When **multiple lymph node chains** are involved at the time of **diagnosis**, do not simply code the lymph node chain that was biopsied.
 - a. If it is possible to determine where the disease originated, code the primary site to that lymph node chain.
 - b. If multiple lymph node chains are involved and it is not possible to determine the lymph node chain where the disease originated, code the primary site to C778, lymph nodes of multiple regions.
2. If a lymphoma is **extranodal**, code the organ of origin.

Example: Pathology from stomach resection shows lymphoma. No other pathologic or clinical disease identified. Code the primary site as stomach, NOS (C169).

3. If a lymphoma is present both in an **extranodal site and** in that organ's **regional lymph nodes**, code the extralymphatic organ as the primary site. The only exception would be if the lymphoma in the extranodal site were a direct extension from the regional nodes. Lymphomas can spread from the regional lymph nodes into an extranodal site only by direct extension.

Example 1: Lymphoma is present in the spleen and splenic lymph nodes. Code the primary site to spleen (C422).

Example 2: Lymphoma is present in the stomach and the gastric lymph nodes. Code the primary site to stomach, NOS (C169).

4. If the lymphoma is present in **extralymphatic organ(s) and non-regional lymph nodes**, consult the physician to determine a primary site. If a site cannot be determined, code Lymph Node, NOS (C779).
5. If the **primary site is unknown** or not given:
 - a. Code retroperitoneal lymph nodes if described as retroperitoneal mass
 - b. Code inguinal lymph nodes if described as inguinal mass
 - c. Code mediastinal lymph nodes if described as mediastinal mass
 - d. Code mesenteric lymph nodes if described as mesenteric mass
 - e. If the primary site is unknown code Lymph Nodes, NOS (C779)

Exception: Code unknown primary site (C809) only when there is no evidence of lymphoma in lymph nodes and/or the medical record documents that the physician suspects that it is an extranodal lymphoma

Code mycosis fungoides and cutaneous lymphomas to Skin (C44_).

Grade

DO NOT code the **descriptions** “high grade,” “low grade,” or “intermediate grade” in the Grade, Differentiation or Cell Indicator field.

FOR LYMPHOMA ONLY, the terms “high grade,” “low grade,” and “intermediate grade” refer to the Working Formulation of lymphoma diagnoses. The Working Formulation is not a grade or differentiation.

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DO NOT code the descriptions “Grade 1,” “Grade 2,” or “Grade 3” in the Grade, Differentiation or Cell Indicator field.

FOR LYMPHOMA ONLY, the terms “Grade 1,” “Grade 2,” and “Grade 3” represent lymphoma types, rather than differentiation.

- a The designation of T-cell, B-cell, null cell, or NK cell has **precedence** over any statement of grading or differentiation
- b Code ANY statement of T-cell, B-cell, null cell, or NK cell
- c Code information on cell type from **any source**, whether or not marker studies are documented in the patient record

Example: The history portion of the medical record documents that the patient has a T-cell lymphoma. There are no marker studies in the chart. Code the grade as T-cell.

Additional Terms to be Coded

T-cell (code 5)
T-cell phenotype
T-precursor
Pre-T
Gamma-Delta T

B-Cell (code 6)
B-cell phenotype
B-precursor
Pre-B

Null-Cell; Non-T-non-B (code 7)
Null-cell
Non T-non-B
Common cell

NK (natural killer) cell (code 8)
Nasal NK/T cell lymphoma
Cell type not determined, not stated, not applicable (code 9)
Combined T and B cell

Regional Lymph Nodes Positive and Regional Lymph Nodes Examined

Because lymphomas frequently arise in nodal sites, these two fields are always coded ‘99’ for both nodal and extranodal lymphomas.

Collaborative Staging Codes

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

(ICD-O-3 M-959-972 EXCEPT 9700/3 and 9701/3)

CS Tumor Size	CS Site-Specific Factor 1 - Associated with HIV/AIDS	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage Extension Stage Table
CS Extension	CS Site-Specific Factor 2 - Systemic Symptoms at Diagnosis	
CS TS/Ext-Eval	CS Site-Specific Factor 3 - IPI Score	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Tumor Size

Code	Description
888	Not applicable

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Extension

Note 1: For Hodgkin Lymphoma an E lesion is defined as disease that involves extralymphatic site(s). Extralymphatic means other than lymph nodes and other lymphatic structures. These lymphatic structures include spleen, thymus gland, Waldeyer's ring (tonsils), Peyer's patches (ileum) and lymphoid nodules in the appendix. Any lymphatic structure is to be coded the same as a lymph node region.

Note 2: S equals Spleen involvement.

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

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

Code	Description	TNM	SS77	SS2000
10	Involvement of a single lymph node region Stage I	*	L	L
11	Localized involvement of a single extralymphatic organ/ site in the absence of any lymph node involvement Multifocal involvement of one extralymphatic organ/site Stage IE	*	L	L
12	Involvement of spleen only Stage IS	*	L	L
20	Involvement of two or more lymph node regions on the SAME side of the diaphragm Stage II	*	RNOS	RNOS
21	Localized involvement of a single extralymphatic organ/site WITH involvement of its regional lymph node(s) or WITH or WITHOUT involvement of other lymph node(s) on the SAME side of the diaphragm	*	RNOS	RNOS

SEER Program Coding and Staging Manual 2004

21, cont'd	Direct extension to adjacent organs or tissues Stage IIE			
22	Involvement of spleen PLUS lymph node(s) BELOW the diaphragm Stage IIS	*	RNOS	RNOS
23	Involvement of spleen PLUS involvement of a single extralymphatic organ/site BELOW the diaphragm WITH or WITHOUT involvement of lymph node(s) BELOW the diaphragm Stage IIES	*	RNOS	RNOS
30	Involvement of lymph node regions on BOTH sides of the diaphragm Stage III	*	D	D
31	Involvement of an extralymphatic organ/site PLUS involvement of lymph node(s) on the OPPOSITE side of the diaphragm Stage IIIE	*	D	D
32	Involvement of the spleen PLUS lymph node(s) ABOVE the diaphragm Stage IIIS	*	D	D
33	(31) + (32) OR Involvement of the spleen PLUS a single extralymphatic site ABOVE the diaphragm WITH or WITHOUT involvement of lymph node(s) 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 Stage IIIES	*	D	D
80	Diffuse or disseminated (multifocal) involvement of ONE OR MORE extralymphatic organ(s)/site(s) WITH or WITHOUT associated lymph node involvement Multifocal involvement of MORE THAN ONE extralymphatic organ/site Involvement of isolated extralymphatic organ in absence of involvement of adjacent lymph nodes, but in conjunction with disease in distant sites Metastasis/involvement: Bone marrow Liver Nodular involvement of lung(s) Stage IV	*	D	D
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	*	U	U

* AJCC stage group for this site is derived directly from the extension code, as shown in the Extension Stage Table. For extension codes 10-80, the AJCC Stages Groups I-IV are subdivided into A and B based on presence or absence of symptoms as shown in the Symptom Stage Subgroup Table.

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS TS/Ext-Eval

Note: According to AJCC, "The use of the term pathologic staging is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. Staging laparotomy and pathological staging have been essentially abandoned as useful procedures." (6th ed., page 396) Therefore, Collaborative Staging uses a modified evaluation scheme for lymphomas, and it applies to the CS TS/EXT-EVAL field only. The other EVAL fields are coded as "not applicable" for this schema

Code	Description	Staging Basis
0	No staging laparotomy done. No autopsy evidence used.	c
3	Staging laparotomy done.	p
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a
9	Unknown if staging laparotomy done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site.	NA

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

Reg LN Pos

Code	Description
99	Not applicable for this site

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

Reg LN Exam

Code	Description
99	Not applicable for this site

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Mets at DX

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site.	NA

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Site-Specific Factor 1 Associated with HIV/AIDS

Note: HIV (Human Immunodeficiency Virus) includes types I and II. Older terminology includes HTLV-3 and LAV.

Code	Description
001	Yes/Present
002	No/Not present
999	Unknown if present or not insufficient information Not documented in patient record

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Site-Specific Factor 2 Systemic Symptoms at Diagnosis

Note 1. Each stage should be classified as either A or B according to the absence or presence of defined constitutional symptoms, such as: 1. Fevers: Unexplained fever with temperature above 38 degrees C; 2. Night sweats: Drenching sweats that require change of bedclothes; 3. Weight loss: Unexplained weight loss of more than 10% of the usual body weight in the 6 months prior to diagnosis.

Note 2. Pruritus alone does not qualify for B classification, nor does alcohol intolerance, fatigue, or a short, febrile illness associated with suspected infections.

Code	Description	Modifier
000	No B symptoms (Asymptomatic)	A

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010	Any B symptoms: Night sweats Unexplained fever (above 38 degrees C) Unexplained weight loss (generally greater than 10% loss of body weight in the six months before admission) B symptoms, NOS	B
020	Pruritis (if recurrent and unexplained)	B
030	(010) + (020)	B
999	Unknown if symptoms; insufficient information Not documented in patient record	BLANK

The "A" or "B" is appended to the stage I-IV as determined in the data item CS Site-Specific Factor 2, Systemic Symptoms at Diagnosis.

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Site-Specific Factor 3 IPI Score

Note: Record the IPI (International Prognostic Index) as stated in the medical record.

Code	Description	Risk Group
000	0 points	Low
001	1 point	Low
002	2 points	Low intermediate
003	3 points	High intermediate
004	4 points	High
005	5 points	High
999	Unknown Insufficient information Not documented in patient record	

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

Lymph Nodes

C770–C779

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**

- 19 Local tumor destruction or excision, NOS
 - Unknown whether a specimen was sent to **pathology** for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003)

- 15 Local tumor destruction, NOS
 - No specimen sent to pathology** from surgical event 15

- 25 **Local tumor excision**, NOS
 - Less than a full chain; includes a **lymph node biopsy**

- 30 Lymph node dissection, NOS
 - 31 One chain
 - 32 Two or more chains

- 40 Lymph node dissection, NOS PLUS splenectomy
 - 41 One chain
 - 42 Two or more chains

- 50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
 - 51 One chain
 - 52 Two or more chains

- 60 **Lymph node dissection**, NOS and partial/total removal of **adjacent organ(s)** PLUS **splenectomy**
(Includes staging laparotomy for lymphoma)
 - 61 One chain
 - 62 Two or more chains

- 90 Surgery, NOS

- 99 **Unknown** if surgery performed; **death certificate ONLY**

[**SEER Note:** Lymph node chains are subsites of lymph node regions. Use information pertaining to lymph node **chains** to code lymph node surgery; use lymph node **region** information to code stage.]

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Collaborative Staging Codes

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

Note: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Tumor Size

Code	Description
888	Not applicable

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Extension

Code	Description	TNM	SS77	SS2000
10	Localized disease: (single/solitary/unifocal/isolated/mono-ostotic) may be coded for: Plasmacytoma, NOS (M-9731/3) (solitary myeloma) Mast cell sarcoma (M-9740) Malignant histiocytosis (M-9750) Histiocytic sarcoma (M-9755) Langerhans cell sarcoma (M-9756) Dendritic cell sarcoma (M-9757, M-9758) Myeloid sarcoma (M-9930)	NA	L	L
80	Systemic disease (poly-ostotic): All histologies including those in 10	NA	D	D
99	Unknown	NA	D	D

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

Reg LN Pos

Code	Description
99	Not applicable.

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

Reg LN Exam

Code	Description
99	Not applicable.

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Mets at DX

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes**Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms**

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

Note: This list includes only preferred terms from ICD-O-3

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

*Usually considered of uncertain/borderline behavior

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Site-Specific Surgery Codes
Hematopoietic/Reticuloendothelial/
Immunoproliferative/Myeloproliferative Disease

C420, C421, C423, C424 (with any histology)

or

M-9750, 9760–9764, 9800–9820, 9826, 9831–9920, 9931–9964,
9980–9989 (with any site)

Codes

- 98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease **sites** and/or **histologies**, WITH or WITHOUT surgical treatment
Surgical procedures for hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative primaries are to be recorded using the data item Surgical Procedure/Other Site (NAACCR Item # 1294)

[**SEER Note:** 99 Death certificate only]

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Collaborative Staging Codes

Other and Ill-Defined Sites, Unknown Primary Site

C42.0-C42.4, C76.0-C76.5, C76.7-C76.8, C77.0-C77.5, C77.8-C77.9, C80.9

Note: C42._ and C77._, Other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms, Hodgkin and non-Hodgkin lymphomas, and Kaposi sarcoma

- C42.0 Blood
- C42.1 Bone marrow
- C42.2 Spleen
- C42.3 Reticuloendothelial system, NOS
- C42.4 Hematopoietic system, NOS
- 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
- 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 Pelvis
- C77.8 Lymph nodes of multiple regions
- C77.9 Lymph nodes, NOS
- C80.9 Unknown primary site

Note: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Other and Ill-Defined Sites, Unknown Primary Site

CS Tumor Size

SEE STANDARD TABLE

Other and Ill-Defined Sites, Unknown Primary Site

CS Extension

Code	Description	TNM	SS77	SS2000
88	Not applicable for this site	NA	U	U

Other and Ill-Defined Sites, Unknown Primary Site

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Sites, Unknown Primary Site

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Other and Ill-Defined Sites, Unknown Primary Site

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Sites, Unknown Primary Site

Reg LN Pos

Code	Description
99	Not applicable.

Other and Ill-Defined Sites, Unknown Primary Site

Reg LN Exam

Code	Description
99	Not applicable.

Other and Ill-Defined Sites, Unknown Primary Site

CS Mets at DX

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

**Other and Ill-Defined Sites, Unknown Primary Site
CS Mets Eval**

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Other and Ill-Defined Sites, Unknown Primary Site
CS Site-Specific Factor 1**

Code	Description
888	Not applicable for this site

**Other and Ill-Defined Sites, Unknown Primary Site
CS Site-Specific Factor 2**

Code	Description
888	Not applicable for this site

**Other and Ill-Defined Sites, Unknown Primary Site
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Other and Ill-Defined Sites, Unknown Primary Site
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

**Other and Ill-Defined Sites, Unknown Primary Site
CS Site-Specific Factor 5**

Code	Description
888	Not applicable for this site

**Other and Ill-Defined Sites, Unknown Primary Site
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site

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Site-Specific Surgery Codes
**Hematopoietic/Reticuloendothelial/
Immunoproliferative/Myeloproliferative Disease**

C420, C421, C423, C424 (with any histology)

or

M-9750, 9760–9764, 9800–9820, 9826, 9831–9920, 9931–9964,
9980–9989 (with any site)

Codes

- 98 **All** hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease **sites** and/or **histologies**,
WITH or WITHOUT surgical treatment
*Surgical procedures for hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative
primaries are to be recorded using the data item Surgical Procedure/Other Site (NAACCR Item #
1294)*

[**SEER Note:** 99 Death certificate only]

Site-Specific Surgery Codes
Unknown And Ill-Defined Primary Sites
C760–C768, C809

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

98 **All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment**
Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item Surgical Procedure/Other Site (NAACCR Item #1294)

[**SEER Note:** 99 Death certificate only]

Site-Specific Surgery Codes

Lymph Nodes

C770–C779

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**

- 19 Local tumor destruction or excision, NOS
 - Unknown whether a specimen was sent to **pathology** for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003)

- 15 Local tumor destruction, NOS
 - No specimen sent to pathology** from surgical event 15

- 25 **Local tumor excision**, NOS
 - Less than a full chain; includes a **lymph node biopsy**

- 30 Lymph node dissection, NOS
 - 31 One chain
 - 32 Two or more chains

- 40 Lymph node dissection, NOS PLUS splenectomy
 - 41 One chain
 - 42 Two or more chains

- 50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
 - 51 One chain
 - 52 Two or more chains

- 60 **Lymph node dissection**, NOS and partial/total removal of **adjacent organ(s)** PLUS **splenectomy**
(Includes staging laparotomy for lymphoma)
 - 61 One chain
 - 62 Two or more chains

- 90 Surgery, NOS

- 99 **Unknown** if surgery performed; **death certificate ONLY**

[**SEER Note:** Lymph node chains are subsites of lymph node regions. Use information pertaining to lymph node **chains** to code lymph node surgery; use lymph node **region** information to code stage.]

Collaborative Staging Codes

Standard Tables

ICD-O-3 Site Code, Histology, Behavior

CS Tumor Size CS TS/Ext-Eval CS Reg Nodes Eval CS Mets Eval Reg LN Pos Reg LN Exam CS Mets at DX	The following tables are available at the collaborative staging website: Summary Stage Valid ICD-O-3 Site Codes Valid ICD-O-3 Histology Codes T Allowable Codes N Allowable Codes M Allowable Codes Stage Allowable Codes Summary Stage Allowable Codes
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Standard Tables

CS Tumor Size

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
999	Unknown; size not stated Not documented in patient record

Standard Tables

CS TS/Ext-Eval

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c

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1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging.	c
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. Meets criteria for AJCC pathological T staging.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence.	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Standard Tables

CS Reg Nodes Eval

Note: This item reflects the validity of the classification of the item CS Lymph Nodes only according to diagnostic methods employed.

Code	Description	Staging Basis
0	No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No regional lymph nodes removed for examination. Evidence based on endoscopic examination, diagnostic biopsy including fine needle aspiration of lymph node(s) or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	c
2	No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed.	p
5	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.	c

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6	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence.	y
8	Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Standard Tables

Reg LN Pos

Note: Record this field even if there has been preoperative treatment.

Code	Description
00	All nodes examined negative.
01-89	1 - 89 nodes positive (code exact number of nodes positive)
90	90 or more nodes positive
95	Positive aspiration of lymph node(s)
97	Positive nodes - number unspecified
98	No nodes examined
99	Unknown if nodes are positive; not applicable Not documented in patient record

Standard Tables

Reg LN Exam

Code	Description
00	No nodes examined
01-89	1 - 89 nodes examined (code exact number of regional lymph nodes examined)
90	90 or more nodes examined
95	No regional nodes removed, but aspiration of regional nodes performed
96	Regional lymph node removal documented as sampling and number of nodes unknown/not stated
97	Regional lymph node removal documented as dissection and number of nodes unknown/not stated
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	Unknown if nodes were examined; not applicable or negative Not documented in patient record

Standard Tables

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	M1	D	D
40	Distant metastasis, NOS Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	MX	U	U

Standard Tables

CS Mets Eval

Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Code	Description	Staging Basis
0	No pathologic examination of metastatic tissue performed. Evaluation based on physical examination, imaging examination, and/or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No pathologic examination of metastatic tissue performed. Evaluation of distant metastasis based on endoscopic examination or other invasive technique, including surgical observation without biopsy. No autopsy evidence used.	c
2	No pathologic examination of metastatic tissue done prior to death, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Pathologic examination of metastatic tissue performed WITHOUT pre-surgical systemic treatment or radiation OR pathologic examination of metastatic tissue performed, unknown if pre-surgical systemic treatment or radiation performed.	p
5	Pathologic examination of metastatic tissue performed WITH pre-surgical systemic treatment or radiation, BUT metastasis based on clinical evidence.	c
6	Pathologic examination of metastatic tissue performed WITH pre-surgical systemic treatment or radiation, and metastasis based on pathologic evidence.	y
8	Evidence from autopsy, and; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c