

EXTENT OF DISEASE
NEW 4-Digit Schemes
CODES AND CODING INSTRUCTIONS

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General Instruction
for Using the New Extent of Disease Schemes
for All Sites

The Extent of Disease schemes consist of a four-digit code to be submitted in character position (CP) 53-56 for each and every site. It will be identified by a "3" in CP 93. This scheme replaces the 13-digit (SEER), the 2-digit (ERG), and the non-specific schemes. It will apply to January 1, 1983 diagnoses and later. Do NOT replace schemes for cases diagnosed prior to January 1, 1983 with this scheme; cases diagnosed prior to 1983 will remain coded to whatever scheme was in operation at that time.

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

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

If there is no operative/pathological information, then use all available clinical information.

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

Death Certificate only cases are coded as 9999.

Extent of Disease should be limited to:

1) All information available by the end of the first hospitalization for definitive surgical resection if within two months of diagnosis,

OR

2) two months after diagnosis for all other cases---both treated and untreated.

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

If a patient has radiation therapy followed by definitive surgery within two months of diagnosis, include all information available through definitive surgery in determining the overall view of the patient's extent of disease.

If an excisional biopsy, D & C, cone biopsy, lymphadenectomy, TUR (for prostate or bladder), or a polypectomy is followed by further definitive surgery within two months of diagnosis, include all information available through the definitive surgery in determining extent of disease.

Interpreting Ambiguous Terminology

A. Tumor invasion "to," "into," "onto," or "encroaching upon" an organ or structure is to be interpreted as involvement whether the description is clinical or operative/pathological.

B. "Probable," "suspected," "suspicious," "compatible with," or "consistent with" are to be interpreted as involvement by tumor.

C. "Questionable," "possible," "suggests," or "equivocal" are NOT to be considered as evidence of involvement by tumor.

D. "Induration" is used to describe surrounding fibrous or connective tissue adjacent to the tumor and is to be interpreted as extension of the malignant growth.

Extent of Disease Fields

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

I. TUMOR SIZE (CP 53-54)

Record the exact size of the primary tumor in tenths of CENTIMETERS (._. cm) beginning with 02 for tumors ≤ 0.2 cm to 96 for tumors 9.6-9.9 cm. Tumors 10.0 cm or greater are coded as 97. Code 99 is reserved for unknown size.

Always code the size of the tumor, not the size of the polyp.

Do NOT add pieces or chips together to create a whole; they may not be from the same location, or they may represent only a very small portion of a large tumor.

The descriptions in code 98 take precedence over any mention of size. Code 98 is used only for the following sites:

Esophagus (150.0-150.5, 150.8-150.9): Entire circumference
Stomach (151.0-151.9): Diffuse, widespread, 3/4's or more, linitis plastica
Colorectal (153.9 with 8220/3): Multiple polyposis
Lung (162.3-162.5, 162.8-162.9): Diffuse, entire lobe or lung
Breast (174.0-174.6, 174.8-174.9, 175.9): Diffuse, incl. inflammatory carcinoma

Tumor size is required in certain American Joint Committee schemes in order to stage. Therefore, SEER is requiring size for these sites:

Head and neck	Soft tissue
Thyroid	Breast
Esophagus	Vulva
Liver	Prostate
Accessory sinuses	Kidney and renal pelvis
Larynx	Eye
Lung and main stem bronchus	Brain

For the following sites, size is not applicable:

Ovary
Lymphomas, incl. mycosis fungoides
Hematopoietic and Reticuloendothelial Systems
Leukemia
Plasma cell Myeloma
Myeloproliferative disease
Unknown and ill-defined primary sites

For all other primary sites, the recording of size is encouraged, but not required. If not recorded, code as 99.

If you wish to code size for in situ lesions, code the size as stated in the report whether it is surface size or tumor size.

For ovary, SEER will require information on ascites to be coded in this field.

Determining Descriptive Tumor Size

CENTIMETER EQUIVALENCES FOR DESCRIPTIVE TERMS

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

SIZES IN CENTIMETERS, MILLIMETERS, INCHES

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

II. EXTENSION (CP 55)

The description of the primary tumor growth within the organ of origin or its extension to neighboring organs, or its metastasis to distant structures is summarized in a single code in this one-digit field. It is a hierarchical code in which the most extensive disease is all that is coded. Thus, information about the extent of the tumor within the primary site is lost if the tumor extends to neighboring organs, and extension to neighboring organs is lost if there is distant metastasis. Code 9 is reserved for unknown extension.

A primary tumor which overlaps the boundaries of two or more sites, such that the site of origin cannot be determined (.8 T code) is still considered to have spread regionally, since it has invaded a neighboring organ.

Code 6 for gallbladder and code 4 for extrahepatic bile ducts are limited to extension to one adjacent organ. These are the only sites where we limit the number of organs which may be involved in a given code. For all other sites, if several involved organs fall within one code number, code to that number.

A fistula is an abnormal passage leading from a hollow organ to the body surface or from one hollow organ to another. The tumor growth is part of the abnormal passage and tumor "spillage" can occur. It is for this reason that the formation of a fistula due to tumor extension is usually coded as distant metastasis.

III. LYMPH NODES (CP 56)

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

For three sites, stomach, gallbladder, and breast, second station nodes are coded separately from other distant nodes so that they may be evaluated when that is the only distant nodal involvement.

For in situ lesions, code as 0, No lymph node involvement, since in situ by definition means noninvasive. If there is evidence of nodal involvement of a tumor described as in situ, it would indicate that an area of invasion was simply missed, and it is NOT an in situ lesion.

For all sites, use code 9, Unknown, if there is no information whatsoever on nodal status.

If there is a chest x-ray with no mention of lymph nodes, assume these nodes are negative. |

Lymph nodes described as "fixed" or "matted" are considered involved for any site. When there is a mass demonstrated in the mediastinum, retroperitoneum and/or mesentery and there is no specific information as to the tissue involved, assume the involvement to be nodal.

Small bilateral nodes or shotty nodes are not considered involved. Look for a statement of involvement or for a description of fixed or matted nodes for all sites except lymphoma.

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

For lymphomas, any mention of lymph nodes such as "enlarged" or "visible swelling" is considered involved.

"Palpable lymph nodes" with no clinical statement of involvement will be ignored when coding extent of disease except for lymphomas.

The terms "ipsilateral" and "homolateral" are used interchangeably.

III. LYMPH NODES (CP 56) continued

Any unidentified nodes included with the resected primary site specimen are to be considered as "Regional, NOS."

If a mediastinal mass is noted on x-ray and no further evaluation is made of the mass, assume that there are involved lymph nodes unless proven otherwise.

UNSTAGED AND NOT APPLICABLE

The unstaged code (9) will be used when there is no descriptive information or when there is insufficient information because of an inadequate workup. It is to be used only if more specific information cannot be found except for Death Certificate only cases which are always coded 9999.

Size of the Primary Tumor	99 - Not stated
Extension	9 - Unknown
Lymph Nodes	9 - Unknown; not stated

A "localized, NOS" category is provided for those cases in which the only description is "localized, NOS." Also, codes are provided for "regional lymph node(s), NOS" and for "lymph nodes, NOS." These "NOS" codes should be used only after an exhaustive search for more specific information.

Code 9 is also to be used to indicate that a field is not applicable. For example, "Lymph Nodes" is not an applicable field for brain tumors, leukemia, or lymphomas. For those sites, use code 9 under "Lymph Nodes."

LEUKEMIA AND OTHER DISEASES DISSEMINATED AT DIAGNOSIS

Leukemia, multiple myeloma, reticuloendotheliosis, and Letterer-Siwe's Disease are considered disseminated disease at diagnosis. These conditions will always be coded as 8, Systemic Disease, under Extension, with 9's in the remaining two fields.

HODGKIN'S DISEASE and NON-HODGKIN'S LYMPHOMA

All lymphomas, both nodal and extranodal, will be coded to the lymphoma scheme (histology codes 9590-9698, 9740-9750) except for mycosis fungoides and Sezary's disease.

A separate extent of disease scheme is included for mycosis fungoides (M-9700) and Sezary's disease (M-9701). This scheme will be found under the skin site codes, 173-, and not with the lymphomas.

Any tumors with site codes in the 169.0-169.9 and 196.0-196.9 series which do not have leukemia or lymphoma histologies are to be coded in a special category of ill-defined diseases.

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

One of the problems that needs to be resolved is the ambiguity of the term "confined to mucosa" for head and neck sites.

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

1) if the tumor was confined to the epithelium in which case it would be in situ

OR

2) if the tumor had penetrated the basement membrane to invade the lamina propria in which case it would be localized.

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

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

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

The head and neck sites do NOT have a MUSCULARIS MUCOSAE. Therefore, the lamina propria and the submucosa tend to merge, and the two terms are used interchangeably.

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

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

There is no SEROSA on any of the head and neck sites.

HEAD AND NECK SITES

PRIMARY SITE	MUCOSA		SUBMUCOSA	MUSCULARIS PROPRIA	SEROSEA
	Epithelium	Lamina Propria			
Lip (140.-)	Yes	Yes	Yes	Yes	No
Tongue (141.-)	Yes	Yes	Yes	Yes	No
GUM (143.-)	Yes	Yes	No	No	No
Floor of Mouth (144.-)	Yes	Yes	Yes	Yes	No
Buccal Mucosa (145.0-145.1)	Yes	Yes	Yes	Yes	No
Hard Palate (145.2)	Yes	Yes	No	No	No
Soft Palate (145.3-145.4)	Yes	Yes	Yes	Yes	No
Other Mouth (145.5, .8, .9)	Yes	Yes	Yes	Yes	No

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

(The American Joint Committee for Cancer includes mucosa of lip with buccal mucosa.)

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
 - Lamina propria*
 - Submucosa (superficial invasion)
 - Vermilion surface
 - Labial mucosa
 - Subcutaneous soft tissue of lip
 - Skin of lip
- 2 Musculature
- 3 Localized, NOS
- 4 Opposite (both) lip(s); commissure
 - Buccal mucosa (inner cheek)
 - Gingiva
 - Maxilla for upper lip/commissure
 - Mandible for lower lip/commissure
- 5 Nose for upper lip/commissure
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Upper Lip:
Facial: buccinator, inframaxillary
Submandibular (submaxillary)
Parotid: infra-auricular/pre-auricular
Regional lymph nodes, NOS

Lower Lip and Commissure:
Facial (incl. single mandibular)
Submandibular (submaxillary)
Submental
Internal (upper deep) jugular:
subdigastric
supraomohyoid
Upper cervical (incl. cervical, NOS)
Regional lymph nodes, NOS

Commissure only:
Parotid: infra-auricular/pre-auricular

- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Submucosa
Musculature
- 3 Localized, NOS
- 4 Anterior 2/3 of tongue from base
Base of tongue from anterior 2/3
Tumor crosses midline, NOS
Gingiva, lower (incl. retromolar trigone)
Floor of mouth

For base of tongue only:
Vallecula, incl. pharyngoepiglottic and glossoepiglottic folds
Epiglottis, lingual (pharyngeal) surface
- 5 Sublingual gland
- 6 Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)
- 7 Extension to:
Soft palate
Maxilla
Mandible
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes
- Submandibular (submaxillary)
Internal (upper deep) jugular:
subdigastric
supraomohyoid
Upper cervical (incl. cervical, NOS)
Regional lymph nodes, NOS
- Anterior 2/3 of tongue only:
Submental
Sublingual
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

- DISTANT Lymph Nodes
- 7 Other than above

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

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+

99 Not stated

EXTENSION

- 0 IN SITU; noninvasive
- 1 Invasive tumor confined to gland of origin
- 3 Localized, NOS
- 4 Periglandular soft/connective tissue
Other major salivary gland (parotid, submaxillary, sublingual)
Periosteum of mandible
Skeletal muscle: digastric, pterygoid, stylohyoid

Parotid gland only:
Skin overlying gland
External auditory meatus
Skull
Pharyngeal mucosa
Skeletal muscle: sternocleidomastoid, masseter

Submandibular gland only:
Skeletal muscle: mylohyoid, hypoglossus, styloglossus
- 5 Submandibular gland only:
Mandible
Nerves: facial, lingual
Major blood vessel(s): facial artery or vein, maxillary artery

Parotid gland only:
Mandible
Nerves: auricular, spinal accessory
Major blood vessel(s): carotid artery and jugular vein
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
- 1 Parotid gland only:
Intraparotid, infra-auricular, preauricular

Submandibular gland only:
Submandibular (Submaxillary)
Upper cervical (incl. cervical, NOS)
- 2 Submental
Internal (upper deep) jugular: subdigastric
- 3 (2) and (1)
- 5 Regional lymph nodes, NOS
- DISTANT Lymph Nodes
- 7 Other than above
- 8 Lymph nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to mucoperiosteum* (stroma)
- 3 Localized, NOS
- 4 Extension to:
 - Buccal mucosa (inner cheek)
 - Labial mucosa, lip
 - Upper gum only:
 - Hard palate
 - Soft palate
 - Maxilla
 - Lower gum/retromolar trigone only:
 - Mandible
 - Floor of mouth
 - Tongue
- 5 Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)
Subcutaneous soft tissue of face
- 7 Extension to:
 - Skin
 - Skull
 - Upper gum only:
 - Nasal cavity
 - Maxillary antrum (sinus)
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the mucoperiosteum, that is, lamina propria/periosteum of the bone (localized, code 1).

LYMPH NODES

- 0 No lymph node involvement
-
- REGIONAL Lymph Nodes
 - Facial: Mandibular
 - Submandibular (submaxillary)
 - Internal (upper deep) jugular:
 - subdigastric
 - supraomohyoid
 - Submental for lower gum
 - Upper cervical (incl. cervical, NOS)
 - Regional lymph nodes, NOS
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes
-
- DISTANT Lymph Nodes
 - 7 Other than above
 -
 - 8 Lymph nodes, NOS
 - 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Submucosa
Musculature (mylohyoid and hypoglossus muscles)
- 3 Localized, NOS
- 4 Extension to:
Gingiva (alveolar ridge)
Anterior 2/3 of tongue
Sublingual gland, incl. ducts
Submandibular (submaxillary) glands, incl. ducts
Tumor crosses midline, NOS
- 5 Mandible
Base of tongue
Epiglottis, pharyngeal (lingual) surface
Lateral pharyngeal wall (tonsillar pillars & fossae, tonsils)
Subcutaneous soft tissue
Skin of undersurface of chin/neck
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Submandibular (submaxillary)
- Internal (upper deep) jugular:
subdigastric
supraomohyoid
- Submental
- Sublingual
- Upper cervical (incl. cervical, NOS)
- Regional lymph nodes, NOS
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
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DISTANT Lymph Nodes

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00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Submucosa
- 2 Musculature
- 3 Localized, NOS
- 4 Extension to:
Gingiva
Lip(s), incl. commissure
Lateral pharyngeal wall (tonsillar pillars & fossae, tonsils)
- 5 Subcutaneous soft tissue of cheek
Skin of cheek (with or without ulceration)
- 7 Tongue
Bone: Maxillary, mandible, skull
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Facial: buccinator, mandibular
Submandibular (submaxillary)
Parotid: preauricular, infra-auricular
Upper cervical (incl. cervical, NOS)
Regional lymph nodes, NOS
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

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

Note: ICD-0 code 145.0 for buccal mucosa includes the membrane lining of the cheeks but not of the lips. (The American Joint Committee on Cancer includes mucosa of lip with buccal mucosa.)

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to mucoperiosteum* (stroma)
- 3 Localized, NOS
- 4 Extension to:
Soft palate
Gingiva
Buccal mucosa (inner cheek)
Palatine bone
Tumor has crossed midline, NOS
- 5 Extension to:
Maxillary bone
Nasal cavity
Maxillary antrum (sinus)
- 8 Further Extension or Metastasis:
Nasopharynx
Other distant sites
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the mucoperiosteum, that is, lamina propria/periosteum of the bone (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Submandibular (submaxillary)
- Internal (upper deep) jugular:
subdigastric
supraomohyoid
- Retropharyngeal
- Upper cervical (incl. cervical, NOS)
- Regional lymph nodes, NOS
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Submucosa
- 2 Musculature
- 3 Localized, NOS
- 4 Extension to:
Hard palate
Gum (gingiva)
Buccal mucosa (inner cheek)
Lateral pharyngeal wall (tonsillar pillars & fossae, tonsils)
Tumor crosses midline, NOS
- 7 Tongue
Nasopharynx
Nasal cavity
Palatine bone (Bone of hard palate)
Maxilla
Maxillary antrum (sinus)
Mandible
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Submandibular (submaxillary)
- Internal (upper deep) jugular:
subdigastric
supraomohyoid
Upper cervical (incl. cervical, NOS)
Regional lymph nodes, NOS
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

- 7 Other than above

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

Note: Code 145.6, Retromolar Area, is on page 11 with 143._, Gum.

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Submucosa
- 2 Musculature
- 3 Localized, NOS
- 4 Extension to adjacent tissues or sites
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Internal (upper deep) jugular:
subdigastric,
supraomohyoid
Upper cervical (incl. cervical, NOS)
Other nodes as appropriate (See other 145 code schemes when tumor involves more than one of those sites.)
Regional lymph nodes, NOS

- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+

99 Not stated

Anatomic Limits of Oropharynx

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

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

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

SEER codes soft palate and uvula to ICD-0 codes 145.3 and 145.4. (The American Joint Committee on Cancer has added a new subsite, Superior Wall, to the site of OROPHARYNX which includes the inferior surface of the soft palate and uvula.)

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial
- 1 Invasive tumor* confined to one of the following subsites:
 - Anterior wall (incl. lingual (anterior) surface of epiglottis, vallecula epiglottis)
 - One lateral wall
 - Posterior wall
- 2 Involvement of two or more subsites:
 - Posterior/anterior wall with lateral wall(s)
- 3 Localized, NOS
- 4 Tumor extends to:
 - Prevertebral fascia
 - Soft tissue of neck
 - Base of tongue
 - Pyriiform sinus (hypopharynx, NOS)
 - Soft palate
 - Larynx
- 5 Any of the above with fixation or tumor described only as fixed
- 6 Nasopharynx
 - Floor of mouth
 - Gum (gingiva)
 - Buccal mucosa
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Internal (upper deep) jugular:
 - subdigastric
 - supraomohyoid
- Retropharyngeal
- Upper cervical (incl. cervical, NOS)
- Regional lymph nodes, NOS
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; physical examination-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

Anatomic Limits of Nasopharynx

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

LATERAL WALLS extend from the base of the skull to the level of the soft palate. The eustachian tube from the middle ear opens into the lateral wall just anterior to Rosenmuller's fossa (pharyngeal recess).

SEER codes soft palate to ICD-0 code 145.3. (The American Joint Committee on Cancer has added a new subsite, Inferior Wall, to the site of NASOPHARYNX which includes the superior surface of the soft palate.)

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor* confined to one of the following subsites:
 - Posterior superior wall (vault)
 - One lateral wall (incl. aryepiglottic fold, NOS)
- 2 Involvement of two or more subsites:
 - Posterior superior wall (vault) and lateral wall(s)
 - Lateral wall into eustachian tube/middle ear
- 3 Localized, NOS
- 4 Tumor extends to:
 - Oropharynx
 - Nasal cavity
 - Soft palate
 - Skull, incl. floor of orbit
 - Pterygopalatine fossa
 - Brain, incl. cranial nerves
- 5 Any of the above with fixation or tumor described only as fixed
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
 - Retropharyngeal
 - Internal (upper deep) jugular: subdigastric supraomohyoid
 - Upper/mid cervical (incl. cervical, NOS)
 - Regional lymph nodes, NOS
 - 1 One positive homolateral node ≤3 cm
 - 2 One positive homolateral node >3-6 cm
 - 3 Positive homolateral node(s) ≤6 cm
 - 4 Multiple positive homolateral nodes, at least one >6 cm
 - 5 Regional lymph node(s), NOS
 - 6 Bilateral &/or contralateral positive nodes
 - DISTANT Lymph Nodes
 - 7 Other than above
 - 8 Lymph nodes, NOS
 - 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; physical examination-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

Anatomic Limits of Hypopharynx

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

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

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

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to one of the following subsites:
 - Postcricoid area
 - Pyriform sinus
 - Posterior pharyngeal wall
- 2 Tumor involves adjacent subsites WITHOUT fixation, such as:
 - Pyriform sinus and postcricoid area
 - Pyriform sinus and posterior pharyngeal wall
 - Postcricoid area and posterior pharyngeal wall
 - Pyriform sinus, postcricoid area and posterior pharyngeal wall
- 3 Localized, NOS
- 4 Tumor extends to:
 - Oropharynx
 - Esophagus
 - Larynx
 - Prevertebral muscle(s)
 - Soft tissue of neck
- 5 Any of the above with fixation or tumor described only as fixed
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Retropharyngeal
- Internal (upper deep) jugular:
 - subdigastric
 - supraomohyoid
 - Upper cervical (incl. cervical, NOS)
 - Regional lymph nodes, NOS
- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial
- 1 Invasive tumor confined to tissue of origin
- 3 Localized, NOS
- 4 Extension to adjacent organs or tissues
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Internal (upper deep) jugular:
subdigastric
supraomohyoid
Retropharyngeal
Upper cervical (incl. cervical, NOS)
Regional lymph nodes, NOS

- 1 One positive homolateral node ≤3 cm
- 2 One positive homolateral node >3-6 cm
- 3 Positive homolateral node(s) ≤6 cm
- 4 Multiple positive homolateral nodes, at least one >6 cm
- 5 Regional lymph node(s), NOS
- 6 Bilateral &/or contralateral positive nodes

DISTANT Lymph Nodes

- 7 Other than above

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

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

One of the problems that needs to be resolved is the ambiguity of the term "confined to mucosa" for the esophagus, stomach, small intestine, colon and rectum.

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

1) if the tumor was confined to the epithelium in which case it would be in situ

OR

2) if the tumor had penetrated the basement membrane to invade the lamina propria in which case it would be localized.

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

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

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

The MUSCULARIS MUCOSAE is a thin layer of smooth muscle fibers.

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

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

The SEROSA, the outermost layer covering most of the digestive tract, is a single layer of squamous epithelial cells, part of the visceral peritoneum. For the esophagus and the rectum below the peritoneal reflection, there is no serosa. For the esophagus, the connective tissue of surrounding structures merges with the connective tissue of the esophagus and is called ADVENTITIA.

DIGESTIVE SYSTEM SITES

PRIMARY SITE		:	MUCOSA		SUBMUCOSA	MUSCULARIS PROPRIA	SEROSA
	Epithelium	:	Lamina Propria	Muscularis Mucosae			
Esophagus (150.-)	Yes	B	Yes	Yes	Yes	Yes	No
Stomach (151.-)	Yes	A	Yes	Yes	Yes	Yes	Yes
Small Intestine (152.-)	Yes	S	Yes	Yes	Yes	Yes	Yes
Colon (153.-)	Yes	E	Yes	Yes	Yes	Yes	Yes
Rectosigmoid (154.0)	Yes	M	Yes	Yes	Yes	Yes	Yes
Rectum (154.1)	Yes	E	Yes	Yes	Yes	Yes	No

SIZE OF PRIMARY TUMOR/LENGTH OF INVOLVED ESOPHAGUS, (from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

00	No mass; no tumor found	
01	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
96	96-99	9.6-9.9
97	100+	10.0+
98	Entire circumference	
99	Not stated	

Anatomic Limits of Esophagus

The CERVICAL ESOPHAGUS extends from the pharyngoesophageal junction (cricopharyngeal sphincter) down to the level of the thoracic inlet (about 15-23 cm measuring from the incisors).

The THORACIC ESOPHAGUS extends from the thoracic inlet to a point about 10 cm above the esophagogastric junction.

The ABDOMINAL ESOPHAGUS extends from a point about 10 cm above the esophagogastric junction to the cardiac orifice of the stomach.

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

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*; muscularis mucosae
Submucosa
- 2 Muscularis propria invaded
- 3 Localized, NOS
- 4 Adventitia and/or soft tissue invaded
Esophagus is described as "fixed"
- 5 Cervical (or Upper) Esophagus:
Major blood vessel(s): carotid and
subclavian arteries, jugular vein
Thyroid gland

Thoracic (or Middle) Esophagus:
Major blood vessel(s): aorta, pulmonary
artery/vein, vena cava, azygos vein
Trachea, incl. carina
Main stem bronchus

Abdominal (or Lower) Esophagus:
Major blood vessel(s): aorta,
gastric artery/vein, vena cava
Diaphragm
Stomach
- 6 Cervical (or Upper) Esophagus:
Hypopharynx
Larynx
Trachea, incl. carina
Cervical vertebra(e)

Thoracic (or Middle) Esophagus:
Lung via bronchus
Pleura
Mediastinal structure(s), NOS
Rib(s); thoracic vertebra(e)
- 7 Abdominal: "Diaphragm fixed" (incl.
phrenic nerve involvement)
Cerv/Thor: Laryngeal nerve paralysis
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
-
- REGIONAL Lymph Nodes
- Cervical (or Upper) only:
Superior mediastinal
Internal (upper deep) jugular
Upper cervical (incl. cervical,
NOS)
Paraesophageal
- Thoracic (or Middle) only:
Internal (upper deep) jugular
Upper cervical (incl. cervical,
NOS)
Tracheobronchial: peritracheal,
carinal (bifurcation), hilar
(pulmonary roots)
Left gastric: cardiac, lesser
curvature, perigastric, NOS
Posterior mediastinal
Paraesophageal
- Abdominal (or Lower) only:
Left gastric: cardiac, lesser
curvature, perigastric, NOS
Posterior mediastinal
Paraesophageal
- 1 Unilateral lymph nodes
- 2 Regional lymph node(s), NOS
- 3 Fixed regional lymph nodes
-
- DISTANT Lymph Nodes
- 4 Bilateral &/or contralateral
regional lymph nodes
- 5 (4) and (3)
- 6 Supraclavicular lymph nodes
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
98	Diffuse (widespread, 3/4's or more, linitis plastica)	
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Muscularis mucosae
Submucosa (superficial invasion)
Stalk (if polyp)
- 2 Muscularis propria invaded
Invasion thru muscularis propria or muscularis, NOS; extension thru wall, NOS; perimuscular tissue
Subserosal/serosal tissue/fat invaded
- 3 Localized, NOS
- 4 Invasion of/through serosa (mesothelium)
- 5 Extension to:
Perigastric fat
Lesser omentum (incl. omentum, NOS)
Ligaments: gastrocolic, gastrohepatic, gastrosplenic
Gastric artery
Adjacent tissue(s), NOS
- 6 Diffuse involvement of stomach wall
Esophagus, intraluminal or NOS
Duodenum, intraluminal
Greater omentum
Transverse colon (incl. flexures)
Linitis plastica
Spleen
- 7 Further extension to:
Esophagus via serosa
Duodenum via serosa or NOS
Jejunum, ileum, small intestine, NOS
Liver
Diaphragm
Pancreas
L Kidney
Adrenal gland(s)
Retroperitoneum
Abdominal wall
- 8 Further Extension or Metastasis:
Ovary (Krukenberg tumor)
Other distant sites
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
 - Inferior (R) gastric or hepatic:
Greater curvature
Greater omentum
Gastroduodenal
Gastrocolic
Gastroepiploic, R or NOS
Gastrohepatic
Pyloric, incl. sub-/infrapyloric
Pancreaticoduodenal
 - Splenic:
Gastroepiploic, L
Pancreaticocoliinal
Peripancreatic
Splenic hilar
 - Superior (L) gastric:
Lesser curvature
Lesser omentum
Gastropancreatic, L
Gastric, L
Paracardial; cardial
Cardioesophageal
 - Perigastric, NOS
Nodule(s) in perigastric fat
- 1 Nodes within 3 cm of primary tumor
- 2 Nodes >3 cm from primary tumor
- 5 Regional lymph node(s), NOS
- DISTANT lymph Nodes
 - 6 Celiac
Hepatic (except gastrohepatic)
Retropancreatic
Hepatoduodenal
Aortic (para-, peri-, lateral)
Portal
Retroperitoneal
Mesenteric
 - 7 Other than above
 - 8 Lymph Nodes, NOS
 - 9 UNKNOWN; not stated

*If a tumor is described as "confined to mucosa," determine if is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report-- in priority order)

00	No mass; no tumor found	
01	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Muscularis mucosae
Submucosa (superficial invasion)
- 2 Muscularis propria invaded
Invasion thru muscularis propria or muscularis, NOS; extension thru wall, NOS; perimuscular tissue Subserosal/serosal tissue/fat invaded
- 3 Localized, NOS

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

EXTENSION (cont'd)

- 4 Invasion of/thru serosa (mesothelium)
- 5 Duodenum and ampulla of Vater:
Mesentery, incl. mesenteric fat
Adjacent tissue(s)/fat, NOS
Extrahepatic bile ducts, incl. ampulla of Vater
Pancreas, incl. pancreatic duct
- Jejunum and Ileum:
Adjacent tissue(s)/fat, NOS
Mesentery, incl. mesenteric fat
Ileocecal valve from ileum
Duodenum from jejunum
- 6 Duodenum and ampulla of Vater:
Transverse colon, (incl. hepatic flexure)
Greater omentum; omentum, NOS
R or quadrate lobe of liver;
direct extension to liver, NOS
R kidney or ureter; kidney, NOS
Retroperitoneum
Major blood vessel(s): aorta,
superior mesenteric artery or vein, vena cava, portal vein,
renal vein, gastroduodenal artery
- Jejunum and Ileum:
Small intestine via serosa
Large intestine, incl. appendix
Abdominal wall
Retroperitoneum
- 7 Bladder
Uterus, ovary, fallopian tubes
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

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

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
Duodenum and ampulla of Vater:
Hepatic: pancreaticoduodenal;
infrapyloric, gastroduodenal
- Jejunum and Ileum only:
Posterior cecal (terminal ileum only)
Ileocolic (terminal ileum only)
Superior mesenteric; mesenteric, NOS
- Regional lymph node(s), NOS
- DISTANT Lymph Nodes
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
09	9	0.9
10	10	1.0
11	11	1.1

96 96-99 9.6-9.9
97 100+ 10.0+
98 Familial polyposis (153.9, 8220/3)
99 Not stated

EXTENSION

0 IN SITU: Noninvasive; intraepithelial* (Adeno)ca in polyp, stalk not invaded
1 Invasive tumor confined to:
 Lamina propria*
 Muscularis mucosae
 Submucosa (superficial invasion)
 Stalk (if polyp)
2 Muscularis propria invaded
3 Localized, NOS/confined to colon, NOS
4 Extension to:
 Invasion thru muscularis propria or muscularis, NOS; extension thru wall, NOS; perimuscular tissue
 Subserosal/serosal tissue/fat invaded
5 Invasion of/through serosa (mesothelium)
6 Mesentery (incl. mesenteric fat); mesocolon--transverse
 Retroperitoneal fat--ascending and descending colon
 Greater omentum; gastrocolic ligament--transverse colon
 Pericolic fat
 Adjacent tissue/fat, NOS

EXTENSION (cont'd)

7 Cecum, appendix, ascending, descending, and sigmoid colon:
 Small intestine
 Greater omentum
 Spleen--descending

 Abdominal wall
 Retroperitoneum
 Pelvic wall
 Ureter/kidney, R--ascending/cecum
 L--descending
 Liver, R lobe--ascending/cecum
 Uterus
 Ovary
 Fallopian tubes
 Cul de sac for sigmoid
 Urinary bladder for cecum/ascending and sigmoid
 Gallbladder for cecum/ascending
 Other segment of colon via serosa
 Fistula to skin

Transverse colon and flexures:

Small intestine
Stomach
Spleen
Liver
Pancreas

Other segment of colon via serosa
Abdominal wall
Retroperitoneum
Gallbladder/bile ducts
Kidney
Ureter
Adrenal gland
Diaphragm

8 Further Extension or Metastasis
9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

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

LYMPH NODES

0 No lymph node involvement
1 REGIONAL Lymph Nodes
 All colon subsites:
 Epicolic
 Paracolic
 Nodule(s) in pericolic fat
 Regional lymph node(s), NOS
 Cecum and Appendix:
 Cecal
 Ileocolic (incl. colic, NOS)
 R colic
 Mesenteric, superior or NOS
 Ascending colon:
 Ileocolic
 R colic (incl. colic, NOS)
 Middle colic
 Mesenteric, superior or NOS
 Transverse colon and flexures:
 Middle colic (incl. colic NOS)
 R colic for hepatic flexure only
 L colic for splenic flexure only
 Colic, NOS
 Inferior mesenteric for splenic flexure only
 Superior mesenteric for hepatic flexure & transverse colon only
 Mesenteric, NOS
 Descending colon:
 Colic, NOS
 Mesenteric, inferior or NOS
 Sigmoid:
 Colic, NOS
 Sigmoidal (sigmoid mesenteric)
 Superior hemorrhoidal
 Superior rectal
 Mesenteric, inferior or NOS
 DISTANT Lymph Nodes
 7 Other than above
 8 Lymph Nodes, NOS
 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report, physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.	.	.
09	9	0.9
10	10	1.0
11	11	1.1
.	.	.
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial* (Adeno)ca in polyp, stalk not invaded
- 1 Invasive tumor confined to:
Lamina propria*
Muscularis mucosae
Submucosa (superficial invasion)
Stalk (if polyp)
- 2 Muscularis propria invaded
- 3 Localized, NOS
- 4 Extension to:
Invasion thru muscularis propria or muscularis, NOS; extension thru wall, NOS; perimuscular tissue
Subserosal/serosal tissue/fat invaded
- 5 Invasion of/through serosa (mesothelium)
- 6 Mesentery (incl. mesenteric fat);
mesocolon--rectosigmoid
Pericolic fat--rectosigmoid
Rectovaginal septum--rectum
Perirectal fat
Adjacent tissue/fat, NOS

EXTENSION (cont'd)

- 7 Rectosigmoid:
Small intestine
Cul de sac (rectouterine pouch)
Pelvic wall
Prostate
Vagina
Skeletal muscles of pelvic floor

Uterus, incl. cervix
Ovary
Fallopian tubes
Urinary bladder and/or ureter
Rectovesical fascia

Rectum:
Vagina
Perineum; perianal skin
Bladder, male
Prostate
Ductus deferens
Seminal vesicles

Cul de sac (rectouterine pouch)
Pelvic wall
Uterus, incl. cervix
Ovary
Fallopian tubes
Bladder, female
Urethra
Sacrum
Bones of pelvis
Sacral plexus
Skeletal muscle
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

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

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes

Rectosigmoid:
Paracolic
Perirectal
Hemorrhoidal, superior or middle
Sigmoidal (sigmoid mesenteric)
Mesenteric, inferior or NOS
Nodule(s) in pericolic fat
Regional lymph node(s), NOS

Rectum:
Perirectal
Sigmoidal (sigmoid mesenteric)
Mesenteric, inferior or NOS
Hemorrhoidal, superior or middle
Sacral (lateral, presacral, promontory (Gerota's), or NOS)
Internal iliac (hypogastric)
Nodules in perirectal fat
Regional lymph node(s), NOS
- DISTANT Lymph Nodes
- 5 Left colic nodes
- 6 Other than above
- 7 (6) and (5)
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report, physical examination--in priority order)

00 No mass; no tumor found
 01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+

99 Not stated

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
 Lamina propria*
 Muscularis mucosae
 Submucosa (superficial invasion)
- 2 Muscularis propria
- 3 Localized, NOS
- 4 Extension to:
 Rectal mucosa or submucosa
 Subcutaneous perianal tissue
 Perianal skin
 Skeletal muscles: anal sphincter (external), levator ani
 Ischiorectal fat/tissue
- 5 Extension to:
 Perineum
 Vulva
- 7 Extension to:
 Prostate
 Bladder
 Urethra
 Vagina
 Cervix Uteri
 Corpus Uteri
 Broad ligaments
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
- 1 Anorectal; pararectal
 Superficial inguinal for anal canal and anus, NOS only
- 2 Internal iliac (hypogastric) for anal canal only
 Lateral sacral for anal canal only
- 3 (2) and (1)
- 5 Regional lymph nodes, NOS
- DISTANT Lymph Nodes
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive
- 1 Confined to one lobe: Single lesion
- 2 Confined to one lobe: Multiple nodules (satellites)
- 3 Confined to liver, NOS
Localized, NOS
- 4 More than one major lobe involved by contiguous growth (single lesion)
- 5 Multiple (satellite) nodules in more than one lobe of liver, surface or parenchyma
- 6 Extension to:
Gallbladder
Extrahepatic blood vessel(s):
hepatic artery, vena cava, portal vein
Extrahepatic bile duct(s)
Diaphragm
Parietal peritoneum
Pleura
- 7 Extension to:
Ligament(s): falciform, coronary, hepatogastric, hepatoduodenal, triangular
Lesser omentum
- 8 FURTHER Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
- 1 Hepatic: hepatic pedicle, inferior vena cava, hepatic artery
- 2 Cardiac
Diaphragmatic: pericardial
Posterior mediastinal, incl. juxtaphrenic nodes
Lateral aortic (retroperitoneal): coronary, renal artery
- 3 (2) and (1)
- 5 Regional lymph node(s), NOS
- DISTANT Lymph Nodes
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+

99 Not stated

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasive tumor confined to:
Lamina propria*
Muscularis mucosae
Submucosa (superficial invasion)
Muscularis propria
- 2 Invasion of perimuscular connective tissue; invasion of serosa
- 3 Localized, NOS
- 4 Extension into liver <2 cm
- 5 Extension to liver, NOS
- 6 Extension to one of the following:
Extrahepatic bile duct(s), incl. ampulla of Vater
Pancreas
Omentum
Duodenum; small intestine, NOS
Large intestine
Stomach
- 7 Extension into liver ≥2 cm
Extension to two or more adjacent organs listed above in 6 OR
liver involvement with any organ above in 6
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
Cystic (node of the neck of the gallbladder)
Pericholedochal (node around common bile duct)
Node of the foramen of Winslow
Hepatic, periportal,
pancreaticoduodenal
Peripancreatic
Regional lymph nodes, NOS
- DISTANT Lymph Nodes
- 6 Mesenteric
Para-aortic
Supraclavicular
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive
- 1 Invasive tumor confined to bile duct(s):
 - Cystic
 - Hepatic
 - Common
- 2 Invasion of periductal connective tissue
- 3 Localized, NOS
- 4 Extension to one of the following:
 - Duodenum
 - Gallbladder
 - Pancreas
 - Liver
- 5 Blood vessels: portal vein, hepatic artery
 - Stomach
 - Colon
 - Omentum
- 6 Extension beyond secondary ductal bifurcation in liver OR
 - Extension to two or more adjacent organs
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
 - Cystic (node of the neck of the gallbladder)
 - Pericholedochal (node around the common bile duct)
 - Node of the foramen of Winslow
 - Hepatic: periportal, pancreaticoduodenal
 - Peripancreatic
 - Regional lymph nodes, NOS
- DISTANT Lymph Nodes
 - 6 Mesenteric
 - Para-aortic
 - Supraclavicular
 - 7 Other than above
 - 8 Lymph Nodes, NOS
 - 9 UNKNOWN; not stated

Note: Codes 156.8-156.9, Biliary Tract, NOS, is on page 30 with Gallbladder, 156.0.

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00	No mass; no tumor found	
01	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive
- 1 Confined to head and/or body, or tail and/or body
- 3 Localized, NOS
- 4 Head of pancreas:
 - Extrahepatic bile duct(s)
 - Ampulla of Vater
 - Duodenum
 - Stomach adjacent to head of pancreas; stomach, NOS
- Body and/or tail of pancreas:
 - Left kidney; kidney, NOS
 - Left ureter
 - Spleen
 - Left adrenal (suprarenal) gland
 - Retroperitoneal soft tissue (retroperitoneal space)

EXTENSION cont'd

- 5 Head of pancreas:
 - Major blood vessel(s): hepatic, pancreaticoduodenal and/or gastroduodenal arteries, superior mesenteric artery/vein, portal vein
 - Transverse colon, incl. hepatic flexure
 - Peritoneum, mesentery, mesocolon, mesenteric fat
 - Greater/lesser omentum
- Body and/or tail of pancreas:
 - Small intestine
 - Peritoneum
 - Mesentery, mesocolon, mesenteric fat
 - Major blood vessel(s): aorta, celiac artery, hepatic artery, splenic artery/vein, superior mesenteric artery/vein, portal vein
- 6 Liver (incl. porta hepatis)
Gallbladder
Body of stomach from head of pancreas
Stomach for body and tail
- 7 Extension from:
 - Head of pancreas to:
 - Kidney
 - Ureter
 - Adrenal gland
 - Retroperitoneum
 - Jejunum
 - Ileum
 - Body and/or Tail of pancreas to:
 - Right kidney/right ureter
 - Right adrenal gland
 - Diaphragm
 - Large intestine (other than splenic flexure)
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
 - 1 Peripancreatic
 - Hepatic: pancreaticoduodenal, infrapyloric (subpyloric) for head only
 - Celiac for head only
 - 2 Superior mesenteric
 - Lateral aortic (retroperitoneal)
 - Splenic: suprapancreatic, splenic hilum, pancreaticocolial for body and tail
 - 3 (2) and (1)
 - 5 Regional lymph nodes, NOS
- DISTANT Lymph Nodes
 - 7 Other than above
 - 8 Lymph Nodes, NOS
 - 9 UNKNOWN; not stated
- *For sites 157.8-157.9 code Extension as follows:
 - 0 IN SITU: Noninvasive
 - 1 Invasive tumor confined to tissue of origin
 - 3 Localized, NOS
 - 4 Extension to adjacent organs or tissues
 - 8 Further Extension or Metastasis
 - 9 UNKNOWN if extension or metastasis

RETROPERITONEUM AND PERITONEAL SITES
 158.0, 158.8-158.9

SIZE OF PRIMARY TUMOR

99 Not applicable

EXTENSION

- 1 Tumor confined to tissue of origin
- 3 Localized, NOS
- 4 Extension to adjacent tissue and organs
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
 - Subdiaphragmatic
 - Intra-abdominal
 - Paracaval
 - Pelvic
 - Regional lymph nodes, NOS
- DISTANT Lymph Nodes
 - 7 Other than above
 - 8 Lymph Nodes, NOS
 - 9 UNKNOWN; not stated

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

SIZE OF PRIMARY TUMOR

99 Not applicable

EXTENSION

- 0 IN SITU: Noninvasive
- 1 Invasion of submucosa
- 3 Localized, NOS
- 4 Extension to adjacent tissue and organs
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
 - Subdiaphragmatic
 - Intra-abdominal
 - Paracaval
 - Pelvic
 - Regional lymph nodes, NOS

- DISTANT Lymph Nodes
- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

0 IN SITU: Noninvasive
1 Invasive tumor confined to tissue of origin
3 Localized, NOS
4 Extension to adjacent organs or tissues
8 Further Extension or Metastasis
9 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement
1 REGIONAL lymph nodes
7 DISTANT Lymph Nodes
8 Lymph Nodes, NOS
9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial
- 1 Invasive tumor confined to:
 - Maxillary antrum (sinus), unilateral
 - Ethmoid air cells (sinus), unilateral
 - Frontal sinus
 - Sphenoid sinus
- 3 Localized, NOS
- 4 More than one accessory sinus, bilateral
 - Palate, hard and/or soft
 - Nasal cavity (floor, septum, turbinates)
 - Bone (skull): bony walls, orbital bone (floor), facial bones, pterygoid fossa, zygoma, maxilla
- 7 Extension to:
 - Buccal mucosa (inner cheek)
 - Gingiva, upper
 - Oral cavity NOS/mouth
 - Nasopharynx
 - Muscles: masseter, pterygoid
 - Soft tissue
 - Skin
 - Brain, incl. cranial nerves
 - Eye, orbit
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
 - Retropharyngeal
 - Internal (upper deep) jugular
 - Cervical, NOS
 - Regional lymph nodes, NOS
- DISTANT Lymph Nodes
 - 6 Supraclavicular (transverse cervical)
 - 7 Other than above
 - 8 Lymph nodes, NOS
 - 9 UNKNOWN; not stated

LARYNX
161.0-161.3, 161.8-161.9*

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; physical examination-- in priority order)

- 00 No mass; no tumor found
- 01 Microscopic focus or foci only
- 02 $\frac{\text{mm}}{<2}$ $\frac{\text{cm}}{<0.2}$
- 03 $\frac{\text{mm}}{3}$ $\frac{\text{cm}}{0.3}$
- 10 10 1.0
- 96 96-99 9.6-9.9
- 97 100+ 10.0+
- 99 Not stated

SITES and Areas WITHIN SITES:

Supraglottic region (161.1)
Ventricular band (false cord)
Arytenoid
Epiglottis: Suprahyoid, infrahyoid, laryngeal aspect of aryepiglottic fold

Glottic region (161.0)
Vocal cords
Laryngeal Commissure

Subglottic region (161.2)
Walls of subglottic excl. undersurface of cords

EXTENSION

Supraglottic region (161.1)

- 0 IN SITU: Noninvasive
- 1 Invasive tumor confined to site of origin with normal mobility
- 2 Invades adjacent supraglottic areas
- 3 Extension to glottis without fixation
- 4 Tumor limited to larynx with fixation
- 5 Localized, NOS; supraglottic, NOS
- 6 Extension to involve postcricoid area, medial wall of pyriform sinus, or pre-epiglottic space (hypopharynx and cervical esophagus)
- 7 Extends beyond larynx to involve oropharynx, soft tissue of neck or destruction of thyroid cartilage, vallecula or base of tongue

EXTENSION (cont'd)

- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis
- Glottic region (161.0)
- 0 IN SITU: Noninvasive
- 1 Invasive tumor confined to vocal cord(s) with normal mobility (incl. involvement of anterior or posterior commissure)
- 2 Supraglottic and/or subglottic extension of tumor with normal or impaired cord mobility
- 3 Tumor confined to the larynx with cord fixation
- 4 Localized, NOS; glottic, NOS
- 7 Destruction of thyroid cartilage and/or extension beyond confines of larynx to involve pyriform sinuses, post-cricoid region, and/or skin
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis
- Subglottic region (161.2)
- 0 IN SITU: Noninvasive
- 1 Invasive tumor confined to one side of subglottic region
- 2 Extension to both sides of subglottis
- 3 Localized, NOS; subglottic, NOS
- 5 Extension to vocal cords with normal or impaired cord mobility
- 6 Confined to larynx with cord fixation
- 7 Cartilage destruction or extension beyond confines of larynx, or both
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES (incl. contralateral or bilateral nodes)

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
 - Internal (upper deep) jugular for glottic and supraglottic: subdigastric supraomohyoid
 - Anterior deep cervical: pre-laryngeal, pretracheal, paratracheal, laterotracheal (recurrent)
 - Posterior cervical
 - Upper cervical, NOS for glottic and supraglottic
 - Lower cervical, NOS for subglottic
 - Regional lymph nodes, NOS
- DISTANT Lymph Nodes
- 6 Supraclavicular Submandibular
- 7 Other than above
- 8 Lymph nodes, NOS
- 9 UNKNOWN; not stated

*For sites 161.3, 161.8-161.9 code Extension as follows:

- 0 IN SITU: Noninvasive
- 1 Invasive tumor confined to tissue of origin
- 3 Localized, NOS
- 4 Extension to adjacent organs or tissues
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive
- 1 Invasive tumor confined to tissue of origin
- 3 Localized, NOS
- 4 Extension to adjacent organs or tissues
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL lymph nodes
- 7 DISTANT Lymph Nodes
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report-- in priority order)

- 00 No primary tumor found
- 01 Microscopic focus or foci only
- 02 Malignant cells present in broncho-pulmonary secretions (no primary tumor identified)

	mm	cm
03	≤3	≤0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+

99 Not stated

*All pleural effusion--positive, negative, or NOS

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial
- 1 Invasive tumor confined to main stem bronchus or carina
- 2 Tumor(s) of main stem bronchus ≥2 cm from carina
- 3 Main stem bronchus, NOS; Localized, NOS
- 4 Extension to:
Visceral pleura, pleura NOS
Parietal pericardium or NOS
Pulmonary ligament
Atelectasis/obstructive pneumonitis involving < entire lung or NOS; no pleural effusion
- 5 Tumor(s) of main stem bronchus <2.0 cm from carina
- 6 Extension to:
Carina to MSB; MSB to carina
Trachea; Esophagus
Nerve(s):
Recurrent laryngeal; vagus; phrenic; cervical sympathetic (Horner's syndrome)
Major blood vessel(s):
Pulmonary artery or vein
Superior vena cava; aorta
Extrapulmonary mediastinum or NOS
- 7 Extension to:
Contralateral main stem bronchus
Heart; visceral pericardium
Pleura, parietal
Pleural effusion*
Rib, sternum, vertebra
Chest (thoracic) wall
Skeletal muscle
Skin of chest
Diaphragm
Abdominal organs
Atelectasis/obstructive pneumonitis involving entire lung
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
- 1 Intrapulmonary
Intralobar
Hilar (bronchial; parabronchial; pulmonary root)
- 2 Subcarinal; carinal
Extrapulmonary
Mediastinal, anterior & posterior (paratracheobronchial; paratracheal; pericardial; paraesophageal; para-aortic--above diaphragm)
- 3 (2) and (1)
- 5 Regional lymph node(s), NOS
- DISTANT Lymph Nodes
- 6 Contralateral hilar or mediastinal (incl. bilateral)
Supraclavicular (transverse cervical)
Scalene
Cervical, NOS
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note: If chest x-ray does not mention lymph nodes, assume nodes are negative.

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

- 00 No primary tumor found
- 01 Microscopic focus or foci only
- 02 Malignant cells present in broncho-pulmonary secretions (no primary tumor identified)

	<u>mm</u>	<u>cm</u>
03	≤3	≤0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+

98 Diffuse (entire lobe or lung)

99 Not stated

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

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

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

*All pleural effusion--positive, negative, or NOS

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial
- 1 Tumor(s) confined to one lung without invasion of main stem bronchus
- 2 Tumor(s) involving main stem bronchus ≥2 cm from carina
- 3 Localized, NOS
- 4 Extension to:
Visceral pleura, pleura, NOS
Parietal pericardium or NOS
Pulmonary ligament
Atelectasis/obstructive pneumonitis involving < entire lung or NOS
no pleural effusion
- 5 Tumor(s) involving main stem bronchus <2.0 cm from carina
- 6 Extension to:
Trachea, incl. carina
Esophagus
Nerve(s):
Recurrent laryngeal; vagus; phrenic; cervical sympathetic (Horner's syndrome)
Major blood vessel(s):
Pulmonary artery or vein; superior vena cava; aorta
Extrapulmonary mediastinum or NOS
- 7 Extension to:
Brachial plexus from superior sulcus or Pancoast tumor
Contralateral lung
Heart; visceral pericardium
Parietal pleura
Pleural effusion*
Rib, sternum, vertebra
Chest (thoracic) wall
Skeletal muscle
Skin of chest
Diaphragm
Abdominal organs
Atelectasis/obstructive pneumonitis involving entire lung
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes
- 1 Intrapulmonary; intralobar
Hilar (bronchial; parabronchial; pulmonary root)
- 2 Subcarinal; carinal
Extrapulmonary
Mediastinal, anterior & posterior (paratracheobronchial; paratracheal; pericardial; paraesophageal; para-aortic--above diaphragm)
- 3 (2) and (1)
- 5 Regional lymph node(s), NOS
- DISTANT Lymph Nodes
- 6 Contralateral hilar or mediastinal (incl. bilateral)
Supraclavicular (transverse cervical)
Scalene
Cervical, NOS
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note 4: If chest x-ray does not mention lymph nodes, assume nodes are negative.

Note 5: If at mediastinoscopy the surgeon describes only a mediastinal mass, assume the mass was lymph nodes.

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic report-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 1 Invasive tumor confined to tissue of origin
- 2 Mesothelioma with nodules beneath visceral pleural surface
- 3 Localized, NOS
- 4 Extension to adjacent organs or tissues
- 5 Mesothelioma nodules which have broken through the visceral pleural surface to the lung surface; lung involvement, NOS
- 6 Mesothelioma with malignant pleural fluid
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
- 7 DISTANT Lymph Nodes
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 1 Invasive tumor confined to tissue of origin
- 3 Localized, NOS
- 4 Extension to adjacent organs or tissues
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
- 7 DISTANT Lymph Nodes
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note: Code 164.0, Thymus, is on page 71 with 194., Other Endocrine Glands.

ILL-DEFINED RESPIRATORY/INTRATHORACIC ORGANS
165.0, 165.8-165.9

SIZE OF PRIMARY TUMOR

EXTENSION

LYMPH NODES

99 Not applicable

- 1 Invasive tumor confined to tissue of origin
- 3 Localized, NOS
- 4 Extension to adjacent organs or tissues
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
- 7 DISTANT Lymph Nodes
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

HEMATOPOIETIC, RETICULOENDOTHELIAL SYSTEM
169.0-169.3, 169.9
(Histology codes 9710-9731, 9800-9970)

SIZE OF PRIMARY TUMOR

99 Not applicable

EXTENSION

8 Systemic Disease

This includes leukemia, plasma cell
(multiple) myeloma, reticuloendotheliosis,
Letterer-Siwe's Disease.

LYMPH NODES

9 Not applicable

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 1 Invasive tumor confined to cortex of bone
- 3 Localized, NOS
- 4 Extension beyond cortex to:
Periosteum
Surrounding tissues, incl.
adjacent muscle(s)
- 7 Adjacent bone
Skin
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
- 7 DISTANT Lymph nodes
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report, physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 1 Invasive tumor confined to tissue of origin
- 3 Localized, NOS
- 4 Extension to adjacent organs or tissues
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes
- 1 See lymph nodes of skin for connective tissue.

- DISTANT Lymph Nodes
- 7 Other than above

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

SKIN, (excl. Malignant Melanoma
and Mycosis Fungoides)
173.0-173.9

SIZE OF PRIMARY TUMOR (from pathology
report; operative report;
physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepidermal;
Bowen's disease
- 1 Single lesion confined to dermis
(with or without skin ulceration)
Minimal infiltration of dermis for
eyelid (not involving tarsal plate)
- 2 Infiltrates deeply into dermis
for eyelid (involving tarsal plate)
- 3 Involves full eyelid thickness
- 4 Localized, NOS
- 5 Subcutaneous tissue (through entire
dermis) for skin
- 6 Adjacent structures for eyelid and
conjunctiva
- 7 Extension to:
Underlying cartilage, bone, muscle
Metastatic skin lesions
Orbit for conjunctiva
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

Note: Skin of vulva uses 184.1-184.4
schemes; penis uses 187.1,
187.2, 187.4 schemes

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL by primary site (bilateral
contralateral for head, neck, trunk)
- Head and Neck - cervical: all subsites
Lip: preauricular, facial,
submental, submandibular
- Eyelid/canthus:
preauricular, facial, sub-
mandibular, infra-auricular
- External ear/auditory canal:
pre-/post-auricular (mastoid)
- Face, Other (cheek, chin, forehead,
jaw, nose and temple):
preauricular, facial,
submental, submandibular
- Scalp/neck:
preauricular, occipital, spinal
accessory (posterior cervical);
mastoid (postauricular) for scalp;
submental, supraclavicular,
axillary for neck
- Upper trunk
cervical, supraclavicular,
internal mammary, axillary
- Lower trunk
femoral (superficial inguinal)
- Arm/shoulder
axillary
spinal accessory for shoulder
epitrochlear for hand/forearm
- Leg/hip
femoral (superficial inguinal)
popliteal for heel and calf
- 1 REGIONAL lymph nodes
- 2 Massive or fixed regional lymph nodes
- 5 Regional lymph node(s), NOS
- DISTANT Lymph Nodes
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
 01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION - Skin

- 0 IN SITU: Noninvasive; intraepithelial (Clark's level 1)
Basement membrane of the epidermis is intact
- 1 Papillary dermis (Clark's level 2)
AND/OR
Thickness (Breslow's) ≤0.75 mm
- 2 Papillary-reticular dermal interface (Clark's level 3)
AND/OR
Thickness (Breslow's) 0.76-1.50 mm
- 3 Reticular dermis (Clark's level 4)
AND/OR
Thickness (Breslow's) 1.51-4.00 mm
- 4 Subcutaneous tissue (through entire dermis) (Clark's level 5)
AND/OR
Thickness (Breslow's) >4.0 mm
- 5 Skin/dermis, NOS
Localized, NOS
- 6 Satellite nodule(s) within immediate area (< 2.0 cm from primary lesion),
Satellite nodule(s), NOS
- 7 Satellite nodule(s) more than 2.0 cm from outer border of primary lesion and/or in-transit metastasis directed toward primary lymph node drainage basin
- 8 FURTHER Extension or Metastasis:
Underlying cartilage, bone, muscle
Metastatic skin lesions
Other distant metastasis
- 9 UNKNOWN if extension or metastasis

Note 1: Skin ulceration does not alter the classification

Note 2: In case of discrepancy between levels and depth of invasion code the greater of the two measurements.

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL by primary site (bilateral contralateral for head, neck, trunk)
- Head and Neck - cervical: all subsites
Lip: preauricular, facial, submental, submandibular
Eyelid/canthus: preauricular, facial, submandibular, infra-auricular
External ear/auditory canal: pre-/post-auricular (mastoid)
Face, Other (cheek, chin, forehead, jaw, nose, and temple): preauricular, facial, submental, submandibular
Scalp/neck: preauricular, occipital, spinal accessory (post. cervical); mastoid (postauricular) for scalp; submental, supraclavicular, axillary for neck
- Upper trunk
cervical, supraclavicular, internal mammary, axillary
- Lower trunk
femoral (superficial inguinal)
- Arm/shoulder
axillary
spinal accessory for shoulder
epitrochlear for hand/forearm
- Leg/hip
femoral (superficial inguinal)
popliteal for heel and calf
- 1 One regional lymph node station OR movable regional nodes ≤5 cm
- 2 >One regional lymph node station OR FIXED regional nodes
- 5 Regional lymph node(s), NOS
- DISTANT Lymph Nodes
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

MYCOSIS FUNGOIDES (Cutaneous T-Cell Lymphoma)
 173.0-173.9
 (Histology codes 9700-9701)

SIZE OF PRIMARY TUMOR

EXTENSION

LYMPH NODES

99 Not applicable

- 1 Limited plaques, papules, or eczematous patches covering <10% of skin surface, no tumors
- 2 Generalized plaques, papules, or erythematous patches covering ≥10% of the skin surface, no tumors
- 3 One or more tumors
- 7 Generalized erythroderma
- 8 Further Extension or Metastasis: Internal organs
- 9 UNKNOWN if extension or metastasis

- 0 No lymph node involvement
- 1 Clinically enlarged palpable regional lymph node (adenopathy)
- 2 Pathologically positive regional lymph nodes
-
- DISTANT Lymph Nodes
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

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

- 00 No mass; no tumor found
- 01 Microscopic focus or foci only
- 02 Mammography/xerography diagnosis only (tumor not clinically palpable)

	mm	cm
03	≤3	≤0.3
04	4	0.4
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
96	96-99	9.6-9.9
97	100+	10.0+
- 98 Diffuse, incl. inflammatory carcinoma
- 99 Not stated

Note 1: Paget's Disease of the nipple with no demonstrable tumor is classified as 00 in Size of Primary Tumor, 1 in Extension, and 0 in Lymph Nodes.

Note 2: Changes such as dimpling of the skin, tethering, and nipple retraction are caused by tension on Cooper's ligaments and not by actual skin involvement; they do not alter the classification.

Note 3: Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue; code 2.

Note 4: Consider skin edema, peau d'orange, en cuirasse, inflammation, and ulceration as indicative of extensive skin involvement; code 5.

Note 5: Consider "fixation, NOS" as involvement of pectoralis muscle; code 3.

EXTENSION

- 0 IN SITU: Noninfiltrating; intraductal without infiltration; lobular neoplasia
- 1 Confined to breast tissue and fat including nipple and/or areola
- 2 Invasion of subcutaneous tissue
Skin infiltration of primary breast
- 3 Invasion of (or fixation to) pectoral fascia or muscle; deep fixation; attachment or fixation to pectoral muscle or underlying tissue
- 4 Invasion of (or fixation to) chest wall, ribs, intercostal or serratus anterior muscles
- 5 Extensive skin involvement:
Skin edema, peau d'orange, "pigskin," en cuirasse, lenticular nodules, inflammation of skin, erythema, ulceration of skin of breast, satellite nodules in skin of primary breast
- 6 Skin over sternum, upper abdomen, axilla or opposite breast
Satellite nodule(s) in skin other than primary breast
- 7 (5) and (4) and/or + 6
- 8 FURTHER Extension or Metastasis:
Bone, other than adjacent rib
Lung
Breast, contralateral--if metastatic
Adrenal gland
Ovary
Inflammatory carcinoma
Other distant metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- REGIONAL Lymph Nodes (homolateral)
 - Axillary (low: adjacent to tail of breast; mid: central, interpectoral, Rotter's node; high: subclavicular axillary vein nodes, apical)
 - Axillary, NOS
 - Nodules in axillary fat
 - Internal mammary (parasternal)
 - Regional Lymph Nodes, NOS
- 1 REGIONAL Lymph Nodes
- 2 Regional lymph nodes with fixation
- 3 Pretreatment edema of arm
- 4 (3) and (1)
- 5 (3) and (2)
- DISTANT Lymph Nodes
 - 6 Infraclavicular, homolateral
Supraclavicular (transverse cervical), homolateral
 - 7 Cervical, NOS
Axillary and/or internal mammary, contralateral
Infraclavicular, contralateral
Supraclavicular (transverse cervical), contralateral
Other than above
 - 8 Lymph Nodes, NOS
 - 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, physical examination-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

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

EXTENSION

- 0 IN SITU: Preinvasive; noninvasive; intraepithelial; CIN Grade III; Ca - in situ with endocervical gland involvement
FIGO Stage 0
- 1 Minimal stromal invasion
"micro-invasion," FIGO Stage I-A
- 2 Invasive cancer confined to cervix
Localized, NOS; occult; FIGO Stage I-B
- 3 Extension to corpus uterix*
- 4 Extension to:
Upper 2/3 of vaginal wall (incl. fornices and vagina/vaginal wall, NOS) |
FIGO Stage II-A
- 5 Further Extension to:
Parametrium
Ligaments: broad, uterosacral, cardinal
FIGO Stage II-B
- 6 Extension to:
Lower 1/3 of vaginal wall |
Rectal and/or bladder, wall or NOS,
Bullous edema of bladder mucosa
Ureter, intra- and extramural
FIGO Stage III-A
- 7 Further Extension to:
Pelvic wall (s)
Hydronephrosis or nonfunctioning kidney (except if other cause)
FIGO Stage III-B
- 8 FURTHER Extension or Metastasis:
Cul de sac (rectouterine pouch)
Rectal and bladder mucosa
Urethra
Sigmoid colon
Small intestine
Vulva
Ovary and/or fallopian tube
"Frozen pelvis"
FIGO Stage IV
- 9 UNKNOWN if extension or metastasis

*FIGO disregards extension to corpus; classified as Stage I-B

LYMPH NODES

- 0 No lymph node involvement
- - - - -
- 1 REGIONAL Lymph Nodes
Hypogastric
Obturator
Iliac (common, internal, external)
Paracervical
Parametrial
Pelvic, NOS
Sacral (lateral, presacral, promontory (Gerota's), uterosacral, or NOS)
Regional Lymph Nodes, NOS
- - - - -
- DISTANT Lymph Nodes
- 6 Aortic (para-aortic, periaortic, lumbar)
- 7 Retroperitoneal
Inguinal
Supraclavicular, cervical, scalene
Other than above
- - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

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.

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

One of the problems that needs to be resolved is the ambiguity of the term "confined to endometrium" for corpus uteri.

1) Determine if the tumor is confined to the columnar epithelium in which case it would be in situ

OR

2) if the tumor has penetrated the basement membrane to invade the stroma (lamina propria) in which case it would be localized.

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

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

There is NO MUSCULARIS MUCOSAE or SUBMUCOSA in the endometrium.

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

The PERIMETRIUM (serosa), the outermost layer covering the corpus uteri, is a serous membrane, part of the visceral peritoneum.

CORPUS UTERI

PRIMARY SITE	ENDOMETRIUM (mucosa)		MYOMETRIUM (3 layers)	PERIMETRIUM (serosa)	
Corpus Uteri (182.-)	Columnar Epithelium	B A S E : M E M : :	Stroma (lamina propria)	Yes	Yes
	Yes		Yes		

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, physical examination-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	mm	cm
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

Note 1: Ignore sounding, NOS.

Note 2: Code 1 takes precedence over codes 2 and 4 where there is pathological evidence of "myometrium invasion."

Note 3: Adnexa=tubes, ovaries and ligaments

EXTENSION

- 0 IN SITU: Preinvasive, noninvasive FIGO Stage 0
- 1 Invasive cancer confined to endometrium (no sounding done) Myometrium (perimetrium) invaded Stage I
- 2 Invasive cancer confined to corpus and sounding of uterine cavity is < 8.0 cm from cervical os FIGO Stage I-A
- 3 Localized, NOS
- 4 Invasive cancer confined to corpus and sounding of uterine cavity is > 8 cm from cervical os FIGO Stage I-B
- 5 Cervix uteri, incl. endocervix FIGO Stage II
- 6 Extension to:
Parametrium
Ligaments: broad, round, uterosacral
Pelvic wall(s)
Ovary and/or fallopian tubes(s)
Rectal and/or bladder wall or NOS
Cul de sac
"Frozen pelvis"
FIGO Stage III
- 8 FURTHER Extension or Metastasis:
Vagina
Vulva
Rectum or bladder mucosa
Ureter
Sigmoid colon
Small intestine
Serosa of abdominal organs
Other distant metastasis
FIGO Stage IV
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
Hypogastric
Obturator
Iliac (common, internal, external)
Paracervical
Parametrial
Pelvic, NOS
Sacral (lateral, presacral, promontory (Gerota's), uterosacral, or NOS)
Superficial inguinal (femoral)
Lateral aortic, preaortic
Regional Lymph Nodes, NOS
- DISTANT Lymph Nodes
- 6 Aortic (para-aortic, periaortic, lumbar)
- 7 Retroperitoneal
Deep inguinal
Aortic (para-aortic, periaortic, lumbar)
Supraclavicular, cervical, scalene
Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

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

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

ASCITES

- 00 No ascites
- 01 Ascites without malignant cells
- 02 Ascites with malignant cells;
positive peritoneal washings
- 03 Ascites, NOS
- 99 Not recorded; no information

Note 1: Clinical/pathologic ascites changes FIGO Stages I and II to I-C and II-C, respectively.

EXTENSION

- 0 IN SITU: Preinvasive, noninvasive, intraepithelial, FIGO Stage 0
- 1 Tumor confined to one ovary
FIGO Stage I-A
- 2 Tumor limited to both ovaries
FIGO Stage I-B
- 3 Implants on surface of ovary
- 4 Localized, NOS; unknown if confined to one or both ovaries
- 5 Extension to:
Uterus
Fallopian tube(s)
Adnexa, NOS
FIGO Stage II-A
- 6 Extension or peritoneal seeding of:
Pelvic wall
Pelvic tissue (broad ligament, adjacent peritoneum--mesovarium)
FIGO Stage II-B
- 7 Extension to:
Peritoneal implants outside pelvis (abdominal cavity)
Omentum
Cul de sac (rectouterine pouch)
Small intestine
Bladder mucosa; rectal mucosa
Sigmoid, rectosigmoid
FIGO Stage III
- 8 FURTHER Extension or Metastasis:
Liver parenchyma
Pleural fluid (positive cytology)
Other distant metastasis
FIGO Stage IV
- 9 UNKNOWN if extension or metastasis

Note 2: Ruptured capsule during or after surgery does not alter the stage.

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes
- 1 Hypogastric
Obturator
Iliac (common, internal, external)
Inguinal
- 2 Aortic (lateral and preaortic)
Retroperitoneal, NOS
Pelvic, NOS
- 3 (2) and (1)
- 5 Regional Lymph Nodes, NOS

- DISTANT Lymph Nodes
- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive
- 1 Tumor confined to tissue or organ of origin
- 3 Localized, NOS
- 4 Extension to:
Ovary, ipsilateral
Corpus uteri; uterus, NOS
- 5 Extension to:
Peritoneum
Fallopian tube for ligaments
Broad ligament, ipsilateral
for fallopian tube
Mesosalpinx, ipsilateral
- 7 Extension to:
Omentum
Cul de sac (rectouterine pouch)
Sigmoid
Rectosigmoid
Small intestine
Ovary, contralateral
- 8 FURTHER Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes
- 1 Hypogastric
Obturator
Iliac (common, internal, external)
Inguinal
- 2 Aortic (lateral and preaortic)
Retroperitoneal, NOS
Pelvic, NOS
- 3 (2) and (1)
- 5 Regional Lymph Nodes, NOS

- DISTANT Lymph Nodes
- 6 Inguinal
- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, physical examination-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial
- 1 Invasive cancer confined to:
Submucosa (stroma)
FIGO Stage I
- 2 Musculature involved
FIGO Stage I
- 3 Localized, NOS
- 4 Extension to:
Cervix
Vulva
Vesicovaginal septum (paracystium)
Rectovaginal septum
FIGO Stage II
- 5 Extension to:
Bladder wall or NOS
Rectum wall or NOS
FIGO Stage III-A
- 6 Extension to:
Cul de sac (rectouterine pouch)
Pelvic wall
FIGO Stage III-B
- 7 (6) and (5)
- 8 FURTHER Extension or Metastasis:
Urethra
Bladder mucosa
Rectum mucosa
"Frozen pelvis"
Other distant metastasis
FIGO Stage IV
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
External iliac
Internal iliac (hypogastric)
Common iliac (sacral promontory)
Regional lymph nodes, NOS

- DISTANT Lymph Nodes
- 6 Inguinal
Periaortic
- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, physical examination-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+

99 Not stated

EXTENSION

- 0 IN SITU: Noninvasive, Bowen's disease, intraepidermal
Figo Stage 0
- 1 Invasive cancer confined to:
Submucosa
Musculature

FIGO Stage I if Tis ≤2.0 cm
FIGO Stage II if Tis >2.0 cm
- 3 Localized, NOS
- 4 Extension to:
Vaginal wall
Urethral orifice
Perineum
Perianal skin
Anus
FIGO Stage III
- 7 Perineal body
Rectal mucosa
- 8 Further extension or metastasis to:
Bladder mucosa
Other distant metastasis
FIGO Stage IV
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes

Superficial inguinal (femoral)
Deep inguinal, Rosenmuller's or
Cloquet's node
- 1 Homolateral nodes
- 2 Fixed homolateral
- 3 Regional lymph nodes, NOS
- 4 Bilateral nodes

- DISTANT Lymph Nodes
- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial
- 1 Incidentally found microscopic carcinoma (latent, occult)
Stage A or I
- 2 Palpable nodule within prostatic capsule (intracapsular)
Stage B or II
- 3 Localized, NOS
- 4 Invasion of prostatic capsule
Stage C-1
- 5 Extension to:
Periprostatic tissue
Prostatic urethra
Extracapsular extension (beyond prostatic capsule)
Seminal vesicle(s)
Stage C-2; Stage C, NOS
- 6 Fixation of neighboring structures
Fixation, NOS
- 7 Extension to:
Rectovesical (Denonvillier's) fascia
Bladder, ureters
Rectum
Extraprostatic urethra (membranous urethra)
Skeletal muscles (levator ani)
Stage D-1
- 8 FURTHER Extension or Metastasis:
Pelvic bone
Pelvic wall
Ureter
Sigmoid colon
"Frozen pelvis"
Other distant metastasis
Stage D-2
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
-
- REGIONAL Lymph Nodes
- Hypogastric
Obturator
Iliac (internal, external, NOS)
Periprostatic
Pelvic, NOS
Sacral (lateral, presacral, promontory (Gerota's), or NOS)
Superficial inguinal (femoral)
Regional Lymph Nodes, NOS
- 1 Single homolateral lymph node
- 2 Contralateral, bilateral and multiple lymph nodes
- 4 Fixed mass on pelvic wall
- 5 Regional lymph node(s), NOS
-
- DISTANT Lymph Nodes
- 6 Aortic (para-aortic, periaortic lumbar)
Common iliac
Inguinal
Supraclavicular, cervical, scalene
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note: The above staging includes the current US Nomenclature modified after Whitmore.

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive
- 1 Confined to body of testis/ tunica albuginea (encapsulated tumor)
- 2 Tunica vaginalis involved
Surface implants
- 3 Localized, NOS
- 4 Extension to:
Epididymis
Rete testis
- 5 Spermatic cord, ipsilateral
Vas deferens
- 6 Scrotum, ipsilateral, incl.
dartos muscle
- 7 Extension to:
Ulceration of scrotum
Scrotum, contralateral
Penis
- 8 Further extension or metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Abdominal aortic, below level of renal arteries
- Nodes in region of left renal vein
- Nodes in region of inferior mesenteric artery
- External iliac
- Retroperitoneal
- Pelvic, NOS
- 1 Single homolateral lymph node
- 2 Bilateral/contralateral regional lymph nodes
- 3 Inguinal node, single homolateral
- 4 1 or 2 + 3
- 5 Regional lymph nodes, NOS
- 6 Fixed inguinal nodes; abdominal mass

DISTANT Lymph Nodes

- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology
report; operative report;
physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; Bowen's disease; intraepithelial
- 1 Confined to site or tissue of origin (prepuce, glans penis, skin, body)
- 3 Localized, NOS
- 4 Extension to:
Corpus (corpora) cavernosum
- 5 Extension to:
Urethra
Satellite nodule(s) on prepuce or glans
Skin: pubic, scrotal, abdominal, perineum
- 8 Further extension or metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
External iliac
Internal iliac (hypogastric)
Superficial inguinal (femoral)
Deep inguinal: Rosenmuller's or Cloquet's node
Regional lymph nodes, NOS
- DISTANT Lymph Nodes
- 7 Other than above
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

0 IN SITU: Noninvasive, intraepithelial
1 Confined to tissue or organ of origin
3 Localized, NOS
4 Extension to adjacent organs or tissues
8 Further extension or metastasis
9 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes
External iliac
Internal iliac (hypogastric)
Superficial inguinal (femoral)
Deep inguinal: Rosenmuller's or
Cloquet's node
Regional lymph nodes, NOS

DISTANT Lymph Nodes
7 Other than above

8 Lymph Nodes, NOS
9 UNKNOWN; not stated

DIFFERENTIATING "IN SITU" AND "LOCALIZED" FOR URINARY SITES

One of the problems that needs to be resolved is the ambiguity of the term "confined to mucosa" especially for the urinary bladder.

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

1) if the tumor is confined to the epithelium in which case it would be in situ

OR

2) if the tumor has penetrated the basement membrane to invade the lamina propria in which case it would be localized.

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

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

The urinary sites have NO MUSCULARIS MUCOSAE. Therefore, the lamina propria and the submucosa tend to merge; these terms will be used interchangeably.

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

The MUSCULARIS PROPRIA is a multi-layer of muscle tissue; it constitutes the wall of the organ.

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

URINARY BLADDER, RENAL PELVIS and URETERS

PRIMARY SITE	MUCOSA			SUBMUCOSA	MUSCULARIS PROPRIA	SEROSEA
	Epithelium	B A S E : M E M B R A N E :	Lamina Propria			
Urinary Bladder (188.-)	Yes		Yes	Yes	Yes	Yes, on superior surface
Renal pelvis (189.1)	Yes		Yes	Yes	Yes	No
Ureter(s) (189.2)	Yes		Yes	Yes	Yes	No

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, physical examination-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (code 3). |

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

Note 2: The meaning of the terms "invasion of mucosa, Gr 1" & "invasion of mucosa, Gr. 2" vary with the pathologist. Each pathologist must be queried to determine whether it is "in situ" or "invasive."

EXTENSION

- 0 Sessile carcinoma - IN SITU;
Carcinoma - IN SITU, NOS |
- 1 Papillary (transitional) noninvasive|
carcinoma; confined to epithelium*
- 2 Confined to mucosa, NOS* |
- 3 Subepithelial connective tissue |
(tunica propria, lamina propria*,
submucosa, stroma) invaded
Localized, NOS |
- 4 Superficial muscle (less than
halfway through muscularis
propria)
- 5 Extension to:
Deep muscle (halfway or more
through muscularis propria)
Invasion through full thickness
of bladder wall
Muscle, NOS
- 6 Invasion of subserosal tissue
and/or perivesical fat
Invasion of (through) serosa
(mesothelium); peritoneum
- 7 Surrounding connective tissue
(incl. periprostatic tissue);
adjacent tissue, NOS
Prostate, incl. prostatic urethra
Ureter
Vas deferens; seminal vesicle
Rectovesical/Denonvillier's fascia
Parametrium
Uterus
Vagina
Urethra

Tumor FIXED
Pelvic wall
Abdominal wall
- 8 FURTHER Extension or Metastasis:
Rectum
Pubic bone
Bones, excl. pubic bone
Sigmoid colon
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement
- - - - -

REGIONAL Lymph Nodes

- Hypogastric
Obturator
Iliac (internal, external, NOS)
Perivesical
Pelvic, NOS
Sacral (lateral, presacral,
promontory (Gerota's), or NOS)
Regional Lymph Nodes, NOS
- 1 Single homolateral lymph node
- 2 Multiple regional lymph nodes
- 3 Regional lymph node(s), NOS
- 4 Fixed regional lymph nodes/mass
on pelvic wall
- - - - -

DISTANT Lymph Nodes

- 5 Contralateral/bilateral regional
lymph nodes
- 6 (5) and (4)
- 7 Aortic (para-aortic, periaortic,
lumbar)
Common iliac
Inguinal
Supraclavicular, cervical, scalene
Other than above
- - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note 3: Extension codes "0" and "1" must have a behavior code of "2"; extension code "2" may have a behavior code of either "2" or "3"; extension code "3" or greater must have a behavior code of "3."

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, radiographic report-- in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU
- 1 Invasive cancer confined to kidney cortex and/or medulla
- 2 Renal pelvis or calyces involved
Invasion of renal capsule
- 3 Localized, NOS
- 4 Extension to:
Perirenal (perinephric) tissue
Renal (Gerota's) fascia
- 5 Extension to:
Blood vessels: perirenal veins,
extrarenal portion of renal vein,
aorta, renal artery, hilar blood vessels
- 6 Inferior vena cava
- 7 Extension to:
Adrenal gland, ipsilateral
Ureter, incl. implant(s),
ipsilateral
Peritoneum
Diaphragm
Tail of pancreas
Ascending colon from right kidney
Descending colon from left kidney
Duodenum from right kidney
Ribs
- 8 FURTHER Extension or Metastasis
Kidney, contralateral
Ureter, contralateral
Adrenal gland, contralateral
Stomach
Spleen
Other distant metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes
 - Hilar (small nodes at renal pelvis)
Lateral aortic (retroperitoneal)
 - 1 Single homolateral lymph node
 - 2 Multiple lymph nodes, ipsilateral
 - 3 Regional lymph node(s), NOS on same side
 - 4 Fixed regional lymph nodes

- DISTANT Lymph Nodes
 - 5 Contralateral or bilateral regional lymph nodes
 - 6 (5) and (4)
 - 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report, operative report, endoscopic examination, radiographic report--in priority order)

00 No mass; no tumor found
 01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive; intraepithelial*
- 1 Invasion of:
 Lamina propria*
 Submucosa
- 2 Muscularis
- 3 Localized, NOS
- 4 Extension to adjacent tissues:
 Peripelvic/periureteral tissue
 Retroperitoneal soft/connective tissue
- 5 Major blood vessel(s): aorta, renal artery/vein, vena cava (inferior)
- 6 Kidney parenchyma; kidney, NOS
 Bladder (ureteral orifice from distal ureter)
 Ureter from renal pelvis
 Implants from distal ureter
- 7 Extension to:
 Spleen
 Pancreas
 Liver
 Descending colon; colon, NOS
 Kidney parenchyma, other than from renal pelvis or proximal ureter
 Bladder, other than from distal ureter, i.e., renal pelvis
- 8 FURTHER Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

*If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria (localized, code 1).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Hilar (renal hilus)
- Lateral aortic (retroperitoneal)
- Periurethral for ureter tumors only
- 1 Single homolateral lymph node
- 2 Multiple lymph nodes, ipsilateral
- 3 Regional lymph node(s), NOS on same side
- 4 Fixed regional lymph nodes

DISTANT Lymph Nodes

- 5 Contralateral or bilateral regional lymph nodes
- 6 (5) and (4)
- 7 Other than above

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

SIZE OF PRIMARY TUMOR (from pathology report, operative report, radiographic report, physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 1 Tumor confined to site of origin:
 - Iris
 - Ciliary body
 - Choroid
 - Retina
 - Lacrimal gland
 - Cornea
 - Conjunctiva
 - Soft tissue of orbit (sarcomas)
- 2 Intraocular extension
- 3 Localized, NOS
- 4 Extraocular extension:
 - Paranasal sinuses
 - Cranium/skull
 - Eyelid
 - Optic nerve
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
 - Submandibular nodes
 - Parotid (preauricular) nodes
 - Upper cervical
 - Regional lymph nodes, NOS
- 7 DISTANT Lymph Nodes
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

EXTENSION

LYMPH NODES

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------|-----------|----------|------|----------|-----|----------|-----|---|--|---|--|----------|-----|----------|-----|----------|-----|---|--|---|--|------------|---------|-----------|-------|---------------|--|---|-------------------------|
| <p>00 No mass; no tumor found
01 Microscopic focus or foci only</p> <table border="0" style="margin-left: 20px;"> <tr> <td style="text-align: center;"><u>mm</u></td> <td style="text-align: center;"><u>cm</u></td> </tr> <tr> <td>02 ≤2</td> <td>≤0.2</td> </tr> <tr> <td>03 3</td> <td>0.3</td> </tr> <tr> <td>04 4</td> <td>0.4</td> </tr> <tr> <td>.</td> <td></td> </tr> <tr> <td>.</td> <td></td> </tr> <tr> <td>09 9</td> <td>0.9</td> </tr> <tr> <td>10 10</td> <td>1.0</td> </tr> <tr> <td>11 11</td> <td>1.1</td> </tr> <tr> <td>.</td> <td></td> </tr> <tr> <td>.</td> <td></td> </tr> <tr> <td>96 96-99</td> <td>9.6-9.9</td> </tr> <tr> <td>97 100+</td> <td>10.0+</td> </tr> <tr> <td>99 Not stated</td> <td></td> </tr> </table> | <u>mm</u> | <u>cm</u> | 02 ≤2 | ≤0.2 | 03 3 | 0.3 | 04 4 | 0.4 | . | | . | | 09 9 | 0.9 | 10 10 | 1.0 | 11 11 | 1.1 | . | | . | | 96 96-99 | 9.6-9.9 | 97 100+ | 10.0+ | 99 Not stated | | <p>0 IN SITU </p> <p>1 Supratentorial tumor confined to CEREBRAL HEMISPHERE (cerebrum) on one side:
Frontal lobe
Temporal lobe
Parietal lobe
Occipital lobe</p> <p>2 Infratentorial tumor confined to CEREBELLUM:
Vermis: Median lobe of cerebellum
Lateral lobes</p> <p>Infratentorial tumor confined to BRAIN STEM:
Thalamus, hypothalamus
Midbrain (mesencephalon)
Pons
Medulla oblongata</p> <p>3 Tumor invades or encroaches upon ventricular system:
Lateral ventricles
3rd or 4th ventricle</p> <p>4 Tumor has crossed the midline, involves corpus callosum (incl. splenium), or contralateral hemisphere</p> <p>5 Tumor involves more than one portion of brain (cerebrum, cerebellum, brain stem) OR extends infratentorially or supratentorially</p> <p>6 Tumor invades:
Bone (skull)
Meninges (dura)
Major blood vessel(s)
Nerves - cranial nerves
spinal cord/canal</p> <p>7 Extension to:
Nasopharynx
Posterior pharynx
Nasal cavity
Outside central nervous system (CNS)
Circulating cells in cerebral spinal fluid (CSF)</p> <p>8 FURTHER Extension or Metastasis</p> <p>9 UNKNOWN if extension or metastasis Brain, NOS </p> | <p>9 Not Applicable</p> |
| <u>mm</u> | <u>cm</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 ≤2 | ≤0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 3 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 4 | 0.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 09 9 | 0.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 10 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 11 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 96-99 | 9.6-9.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97 100+ | 10.0+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 Not stated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SIZE OF PRIMARY TUMOR (from pathology report; operative report; radiographic report--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 1 Tumor confined to tissue or site of origin
- 3 Localized, NOS
- 4 Meningeal tumor infiltrates nerve
Nerve tumor infiltrates meninges (dura)
- 5 Adjacent connective/soft tissue involved
Adjacent muscle involved
- 7 Extension to:
 - Major blood vessel(s)
 - Sphenoid and frontal sinuses (skull)
 - Brain for cranial meninges and nerve tumors
- 8 FURTHER Extension or Metastasis:
 - Brain, except for cranial meninges and nerve tumors
 - Eye
 - Bone, other than skull
 - Other distant metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 9 Not Applicable

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

- 0 IN SITU: Noninvasive;
- 1 Single invasive tumor confined to thyroid
- 2 Multiple foci confined to thyroid
- 3 Localized, NOS
- 4 Through capsule, but not beyond |
- 5 Extension:
 - Pericapsular soft/connective tissue
 - Strap muscle(s): sternothyroid, omohyoid, sternohyoid, sternocleidomastoid
 - Nerves: recurrent laryngeal, vagus
- 6 Extension to:
 - Major blood vessel(s): carotid artery, thyroid artery or vein, jugular vein
 - Esophagus
 - Larynx, incl. thyroid and cricoid cartilages
 - Tumor is described as "fixed to adjacent tissues"
- 7 Extension to:
 - Trachea
 - Skeletal muscle, other than strap muscles and sternocleidomastoid
 - Bone
- 8 Further Extension or Metastasis
- 9 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- 1 REGIONAL Lymph Nodes
 - Delphian node
 - Anterior deep cervical: prelaryngeal, laterotracheal, (recurrent laryngeal nerve chain)
 - Internal (upper deep) jugular:
 - subdigastric
 - supraomohyoid
 - Retropharyngeal
 - Anterior mediastinal
 - Upper cervical (incl. cervical, NOS)
 - Regional lymph nodes, NOS
- DISTANT Lymph Nodes
 - 6 Submandibular (submaxillary)
 - Submental
 - 7 Other than above
 - 8 Lymph nodes, NOS
 - 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR (from pathology report; operative report; physical examination--in priority order)

00 No mass; no tumor found
 01 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
02	≤2	≤0.2
03	3	0.3
04	4	0.4
.		
.		
09	9	0.9
10	10	1.0
11	11	1.1
.		
.		
96	96-99	9.6-9.9
97	100+	10.0+
99	Not stated	

EXTENSION

0 IN SITU: Noninvasive;
 1 Invasive carcinoma confined to tissue or gland of origin
 3 Localized, NOS
 4 Extension to adjacent organs or tissues
 8 Further Extension or Metastasis
 9 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement
 1 REGIONAL Lymph Nodes
 7 DISTANT Lymph Nodes
 8 Lymph nodes, NOS
 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR

99 Not applicable

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

EXTENSION

- 1 Confined to one lymph node region above or below the diaphragm
 OR
 Confined to a single extranodal organ or site
 Stage I
- 2 Involvement of more than one lymph node region on only one side of the diaphragm
 OR
 Involvement of an extranodal organ or site with:
 (1) direct extension to adjacent organs or tissues
 OR
 (2) involvement of one or more lymph node regions on the same side of the diaphragm
 OR
 (3) both (1) and (2)
 Stage II
- 3 Involvement of lymph node regions on both sides of the diaphragm
 OR
 Involvement of an extranodal organ OR site with involvement of lymph node regions on opposite OR both sides of the diaphragm
 Stage III
- 8 Diffuse or disseminated involvement of one or more metastatic sites with or without associated lymph node enlargement:
 Lung and/or pleura
 Bone
 Bone marrow
 Liver
 Kidney
 Brain
 Gastrointestinal tract (but not primary G.I.)
 Skin lesions or subcutaneous nodules (but not primary skin)
 Eye
 Other
 Stage IV
- 9 UNSTAGED (Insufficient information)

SYSTEMIC SYMPTOMS AT DIAGNOSIS

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

MYELOPROLIFERATIVE DISEASES (Any Site)
(9710-9731, 9800-9970)

SIZE OF PRIMARY TUMOR

99 Not applicable

EXTENSION

8 Systemic Disease

LYMPH NODES

9 Not applicable

UNKNOWN AND ILL-DEFINED PRIMARY SITE
199.9, 195.0-195.5, 195.8
169._ and 196._, Other than leukemia and lymphoma

SIZE OF PRIMARY TUMOR

EXTENSION

LYMPH NODES

99 Not applicable

9 Not Applicable

9 Not Applicable

Abdominal Esophagus, 23
 Accessory Sinuses, 36
 Ambiguous Terms, 1
 Compatible with, 1
 Consistent with, 1
 Equivocal, 1
 Possible, 1
 Probable, 1
 Questionable, 1
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 Suspected, 1
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