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Appendix C

Site-Specific Coding Modules

The site-specific coding modules are stand-alone coding manuals that include SEER Coding Guidelines, Collaborative Staging Coding Instructions and Surgery of Primary Site codes. In the past, site-specific instructions were scattered throughout the SEER Program Code Manual. Collaborative Staging and Surgery codes were in two separate manuals. As part of the SEER commitment to continuing Quality Improvement, this appendix brings together the site-specific instructions needed to abstract a case, facilitating efficiency and accuracy. General instructions in the main manual are applicable in the absence of site-specific instructions. All modules include collaborative staging and surgery codes. Some modules include site-specific coding guidelines in addition to the collaborative staging and surgery codes. The goal is to have complete stand-alone modules for every anatomic site. SEER will continue to work toward this goal by enhancing site-specific guidelines as modules are expanded and revised.

The site-specific coding guidelines contain instructions for various data items other than collaborative stage and surgery of primary site. The Guidelines are a collaborative effort between NCI/SEER and the SEER Quality Control staff from the SEER registries. We gratefully acknowledge the valuable input provided by the SEER QC staff.

Part II of the Collaborative Staging manual is included in this appendix. For an introduction to Collaborative Staging, see Part I of the Collaborative Staging Manual and Coding Instructions, version 1.0.

The surgery codes are based on the American College of Surgeons Commission on Cancer's *Facility Oncology Registry Data System*, American College of Surgeons, Chicago, IL, 2004 (FORDS), Appendix B: Site-specific Surgery Codes (Revised 2004). The surgery codes in this document are identical to the FORDS manual; only formatting and annotations may vary. The *SEER Notes* that appear in the Surgery Code sections contain information or instructions not found in FORDS or that are different from FORDS.

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Collaborative Staging Codes

Lip, Upper

Lip (Vermilion or Labial Mucosa)

C00.0, C00.3

C00.0 External upper lip C00.3 Mucosa of upper lip

Note: AJCC includes labial mucosa (C00.3) with buccal mucosa (C06.0)

CS Tumor Size	CS Site-Specific Factor 1 - Size of	The following tables are available
CS Extension	Lymph Nodes	at the collaborative staging
CS TS/Ext-Eval	CS Site-Specific Factor 2 -	website:
CS Lymph Nodes	Extracapsular Extension, Lymph Nodes	Histology Exclusion Table
CS Reg Nodes Eval	for Head and Neck	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 3 - Levels I-	Extension Size Table
Reg LN Exam	III, Lymph Nodes for Head and Neck	Lymph Nodes Size Table
CS Mets at DX	CS Site-Specific Factor 4 - Levels IV-	
CS Mets Eval	V and Retropharyngeal Lymph Nodes	
	for Head and Neck	
	CS Site-Specific Factor 5 - Levels VI-	
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	and Neck	
	CS Site-Specific Factor 6 -	
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	and Sub-Occipital Lymph Nodes,	
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Lip, Upper CS Tumor Size SEE STANDARD TABLE

Lip, Upper CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	*	L	L
20	Musculature	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Commissure Opposite (both) lip(s)	*	RE	RE
51	Gingiva	*	RE	RE

70	Maxilla	T4	RE	RE
74	Upper lip/commissure: Nose	T4	RE	D
75	Tongue	T4	D	D
76	Skin of face/neck	T4	D	D
77	Cortical bone (other than code 70) Floor of mouth Inferior alveolar nerve	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 30, 50, and 51 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Lip, Upper CS TS/Ext-Eval SEE STANDARD TABLE

Lip, Upper

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Other groups Facial Buccinator (buccal) Nasolabial Parotid Infra-auricular Intraparotid Periparotid Preauricular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular	*	D	RN

11, cont'd	Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS			
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Parapharyngeal Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN

42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Lip, Upper CS Reg Nodes Eval SEE STANDARD TABLE

Lip, Upper Reg LN Pos SEE STANDARD TABLE

Lip, Upper Reg LN Exam SEE STANDARD TABLE

Lip, Upper CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D

40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Lip, Upper **CS Mets Eval SEE STANDARD TABLE**

Lip, Upper

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Lip, Upper

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Upper

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Upper

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Upper

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Upper

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Collaborative Staging Codes

Lip, Lower

Lip (Vermilion or Labial Mucosa)

C00.1, C00.4, C00.6

C00.1 External lower lip

C00.4 Mucosa of lower lip

C00.6 Commissure of lip

Note: AJCC includes labial mucosa (C00.4) with buccal mucosa (C06.0)

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
	•	
	CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular,	
	and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	

Lip, Lower CS Tumor Size SEE STANDARD TABLE

Lip, Lower CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	*	L	L
20	Musculature	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Commissure Opposite (both) lip(s)	*	RE	RE

	1			
51	Gingiva	*	RE	RE
70	Mandible	T4	RE	RE
74	Nose	T4	RE	D
75	Tongue	T4	D	D
76	Skin of face/neck	T4	D	D
77	Cortical bone (other than code 70) Floor of mouth Inferior alveolar nerve	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 30, 50, and 51 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Lip, Lower CS TS/Ext-Eval SEE STANDARD TABLE

Lip, Lower

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Other groups Facial: Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level II node Upper deep cervical Upper jugular Level III node Middle deep cervical Mid-jugular	*	D	RN

11, cont'd	Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS			
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN

42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	No.	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Lip, Lower CS Reg Nodes Eval SEE STANDARD TABLE

Lip, Lower Reg LN Pos SEE STANDARD TABLE

Lip, Lower Reg LN Exam SEE STANDARD TABLE

Lip, Lower CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D

40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Lip, Lower **CS Mets Eval** SEE STANDARD TABLE

Lip, Lower

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Lip, Lower

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Lower

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Lower

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Lower

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Lip, Lower

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Collaborative Staging Codes

Other Lip

Lip (Vermilion or Labial Mucosa)

C00.2, C00.5, C00.8-C00.9

C00.2 External lip, NOS

C00.5 Mucosa of lip, NOS

C00.8 Overlapping lesion of lip

C00.9 Lip, NOS (excludes skin of lip C44.0)

Note: AJCC includes labial mucosa (C00.5) with buccal mucosa (C06.0)

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV- V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI- VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Other Lip CS Tumor Size SEE STANDARD TABLE

Other Lip

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	*	L	L
20	Musculature	*	L	L
30	Localized, NOS	*	L	L

50	Buccal mucosa (inner cheek) Commissure Opposite (both) lip(s)	*	RE	RE
51	Gingiva	*	RE	RE
75	Tongue	T4	D	D
76	Skin of face/neck	T4	D	D
77	Cortical bone Floor of mouth Inferior alveolar nerve	T4	D	D
80	Further contiguous extension	Т4	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 30, 50, and 51 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Other Lip CS TS/Ext-Eval SEE STANDARD TABLE

Other Lip

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular	*	D	RN

11, cont'd	Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS			
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN

42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	No.	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Other Lip CS Reg Nodes Eval SEE STANDARD TABLE

Other Lip Reg LN Pos SEE STANDARD TABLE

Other Lip Reg LN Exam SEE STANDARD TABLE

Other Lip

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D

40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Other Lip CS Mets Eval **SEE STANDARD TABLE**

Other Lip

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Other Lip

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other Lip

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other Lip

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other Lip

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record
	Not documented in patient record

Other Lip

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Site-Specific Surgery Codes

Oral Cavity

Lip C000-C009, Base of Tongue C019, Other Parts of Tongue C020-C029,

Gum C030-C039, Floor of Mouth C040-C049, Palate C050-C059,

Other Parts of Mouth C060-C069

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

[**SEER Note:** Codes 20-27 include shave and wedge resection]

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

- 40 Radical excision of tumor, NOS
 - 41 Radical excision of tumor ONLY
 - 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total

resection)

43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

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

Codes 40–43 include:

Total glossectomy

Radical glossectomy

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

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Collaborative Staging Codes Base of Tongue, Lingual Tonsil C01.9, C02.4

C01.9 Base of tongue, NOS C02.4 Lingual tonsil

Note: AJCC includes base of tongue (C01.9) with oropharynx (C10._).

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage
Reg LN Pos	CS Site-Specific Factor 3 - Levels I-	Extension Size Table
Reg LN Exam CS Mets at DX	III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-	Lymph Nodes Size Table
CS Mets Eval	V and Retropharyngeal Lymph Nodes for Head and Neck	
	CS Site-Specific Factor 5 - Levels VI- VII and Facial Lymph Nodes for Head and Neck	
	CS Site-Specific Factor 6 -	
	Parapharyngeal, Parotid, Preauricular,	
	and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	

Base of Tongue, Lingual Tonsil CS Tumor Size SEE STANDARD TABLE

Base of Tongue, Lingual Tonsil CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to posterior 1/3 of tongue: Lamina propria Submucosa	*	L	L
20	Musculature, intrinsic or NOS	*	L	L
30	Localized, NOS Midline tumor	*	L	L
40	Tumor crosses midline	*	L	L
50	Anterior 2/3 of tongue for base of tongue Base of tongue for lingual tonsil Floor of mouth Lower gingiva	*	RE	RE
53	Sublingual gland	*	RE	RE

60	Epiglottis, lingual (pharyngeal) surface Glossoepiglottic fold Glossopharyngeal fold Lateral pharyngeal wall Pharyngoepiglottic fold Tonsillar pillars and fossae Tonsils Vallecula	*	RE	RE
62	Soft palate, inferior surface or NOS	*	D	RE
71	Mandible for lingual tonsil	T4a	RE	D
72	Mandible for base of tongue	T4a	D	D
74	Medial pterygoid Hard palate	T4a	D	D
75	Musculature, extrinsic: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus	T4a	D	D
77	Larynx	T4a	D	D
78	Skin	T4b	D	D
80	Contiguous extension to: Base of skull Carotid artery Hypopharynx Lateral nasopharynx Lateral pterygoid muscle Pterygoid plates Uvula	T4b	D	D
82	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 30, 40, 50, 53, 60, and 62 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Base of Tongue, Lingual Tonsil CS TS/Ext-Eval SEE STANDARD TABLE

Base of Tongue, Lingual Tonsil CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Sublingual Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D

18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Base of Tongue, Lingual Tonsil CS Reg Nodes Eval SEE STANDARD TABLE

Base of Tongue, Lingual Tonsil Reg LN Pos SEE STANDARD TABLE

Base of Tongue, Lingual Tonsil Reg LN Exam SEE STANDARD TABLE

Base of Tongue, Lingual Tonsil

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Base of Tongue, Lingual Tonsil CS Mets Eval SEE STANDARD TABLE

Base of Tongue, Lingual Tonsil

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description	
000	No involved regional nodes	
001-988	001-988 millimeters (code exact size in millimeters)	
989	989 millimeters or larger	
990	Microscopic focus or foci only, no size of focus given	
991	Described as less than 1 cm	
992	Described as less than 2 cm	
993	Described as less than 3 cm	
994	Described as less than 4 cm	
995	Described as less than 5 cm	
996	Described as less than 6 cm	

997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Base of Tongue, Lingual Tonsil

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description	
000	No extracapsular extension	
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically	
005	Extracapsular extension present pathologically	
888	Not applicable; no lymph node involvement	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Base of Tongue, Lingual Tonsil

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description	
000	No lymph node involvement in Levels I, II, or III	
100	Level I lymph node(s) involved	
010	Level II lymph node(s) involved	
001	Level III lymph node(s) involved	
110	Level I and II lymph nodes involved	
101	Level I and III lymph nodes involved	
011	Level II and III lymph nodes involved	
111	Level I, II and III lymph nodes involved	

Ģ	999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed
		Not documented in patient record

Base of Tongue, Lingual Tonsil

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	No lymph node involvement in Levels IV or V or retropharyngeal	
100	Level IV lymph node(s) involved	
010	Level V lymph node(s) involved	
001	Retropharyngeal nodes involved	
110	Level IV and V lymph nodes involved	
101	Level IV and retropharyngeal nodes involved	
011	Level V and retropharyngeal nodes involved	
111	Level IV and V and retropharyngeal lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Base of Tongue, Lingual Tonsil

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved

010	Level VII lymph node(s) involved	
001	Facial (buccinator, nasolabial) lymph node(s) involved	
110	Level VI and VII lymph nodes involved	
101	Level VI and facial (buccinator, nasolabial) nodes involved	
011	Level VII and facial (buccinator, nasolabial) nodes involved	
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Base of Tongue, Lingual Tonsil

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description	
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement	
100	Parapharyngeal lymph node(s) involved	
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved	
001	Sub-occipital lymph node(s) involved	
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved	
101	Parapharyngeal and sub-occipital lymph nodes involved	
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved	
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Collaborative Staging Codes Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS C02.0-C02.3, C02.8-C02.9

C02.0 Dorsal surface of tongue, NOS

C02.1 Border of tongue

C02.2 Ventral surface of tongue, NOS

C02.3 Anterior 2/3 of tongue, NOS

C02.8 Overlapping lesion of tongue

C02.9 Tongue, NOS

CS Tumor Size	CS Site-Specific Factor 1 - Size of	The following tables are available
CS Extension	Lymph Nodes	at the collaborative staging
CS TS/Ext-Eval	CS Site-Specific Factor 2 -	website:
CS Lymph Nodes	Extracapsular Extension, Lymph	Histology Exclusion Table
CS Reg Nodes Eval	Nodes for Head and Neck	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 3 - Levels I-	Extension Size Table
Reg LN Exam	III, Lymph Nodes for Head and Neck	Lymph Nodes Size Table
CS Mets at DX	CS Site-Specific Factor 4 - Levels	
CS Mets Eval	IV-V and Retropharyngeal Lymph	
	Nodes for Head and Neck	
	CS Site-Specific Factor 5 - Levels	
	VI-VII and Facial Lymph Nodes for	
	Head and Neck	
	CS Site-Specific Factor 6 -	
	Parapharyngeal, Parotid, Preauricular,	
	and Sub-Occipital Lymph Nodes,	
	Lymph Nodes for Head and Neck	

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Tumor Size SEE STANDARD TABLE

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to: Lamina propria Submucosa	*	L	L
20	Musculature, intrinsic or NOS	*	L	L
30	Localized, NOS Midline tumor	*	L	L
40	Tumor crosses midline	*	L	L
50	Base of tongue Floor of mouth Gingiva, lower Retromolar trigone	*	RE	RE

53	Sublingual gland	*	RE	RE
60	Lateral pharyngeal wall Soft palate, inferior surface Tonsillar pillars and fossae Tonsils	*	D	RE
70	Mandible	T4a	RE	D
72	(60) + (70)	T4a	D	D
74	Maxilla Maxillary sinus	T4a	D	D
75	Musculature, extrinsic: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus	T4a	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For codes 10, 20, 30, 40, 50, 53, and 60 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS TS/Ext-Eval SEE STANDARD TABLE

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Sublingual Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric)	*	RN	RN

Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Deep cervical NOS Deep cervical, NOS Deep cervical, NOS Deep cervical, NOS Despective ipsilateral regional node: Level IV node Deep cervical, NOS Despective ipsilateral regional node: I cevel V node Posterior cervical Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paratarbehal Pretracheal Paratarbehal Pretracheal Paratarbehal Pretracheal Paratarbehal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Retropharyngeal Pertracheal Recurrent laryngeal Level VII node Upper mediastinum for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Retropharyngeal Sub-occipital 18			1	1	1 1
Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital 18 Stated as N1, no other information N1 RN RN 19 Stated as N2a, no other information N2a RN RN 20 Multiple positive ipsilateral nodes listed in code 10 * RN RN 21 Multiple positive ipsilateral nodes listed in code 12 * D * D * Stated as N2b, no other information Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple 10 Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple 11 RN R		Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS			
19 Stated as N2a, no other information N2a RN RN 20 Multiple positive ipsilateral nodes listed in code 10 * RN RN 22 Multiple positive ipsilateral nodes listed in code 12 * D D 29 Stated as N2b, no other information N2b RN RN 30 Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple 32 Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple 40 Regional lymph nodes as listed in code 10: * RN	12	Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal	*	D	D
Multiple positive ipsilateral nodes listed in code 10	18	Stated as N1, no other information	N1	RN	RN
Multiple positive ipsilateral nodes listed in code 12	19	Stated as N2a, no other information	N2a	RN	RN
29 Stated as N2b, no other information N2b RN RN 30 Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple 32 Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple 40 Regional lymph nodes as listed in code 10: * RN RN RN RN RN	20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple Regional lymph nodes as listed in code 10: * RN RN	22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
Positive ipsilateral nodes(s), not stated if single or multiple Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple Regional lymph nodes as listed in code 10: * RN RN	29	Stated as N2b, no other information	N2b	RN	RN
Positive ipsilateral node(s), not stated if single or multiple 40 Regional lymph nodes as listed in code 10: * RN RN	30		*	RN	RN
Regional lymph nodes as listed in code 10.	32		*	D	D
	40		*	RN	RN

42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Reg Nodes Eval SEE STANDARD TABLE

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS Reg LN Pos SEE STANDARD TABLE

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS Reg LN Exam SEE STANDARD TABLE

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D

99 Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Mets Eval SEE STANDARD TABLE

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension

001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record
	Not documented in patient record

Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Site-Specific Surgery Codes Oral Cavity

Lip C000–C009, Base of Tongue C019, Other Parts of Tongue C020–C029,

Gum C030-C039, Floor of Mouth C040-C049, Palate C050-C059,

Other Parts of Mouth C060-C069

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

[SEER Note: Codes 20-27 include shave and wedge resection]

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

- 40 Radical excision of tumor, NOS
 - 41 Radical excision of tumor ONLY
 - 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
 - 43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

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

Codes 40–43 include:

Total glossectomy

Radical glossectomy

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

Collaborative Staging Codes Gum, Upper

C03.0

C03.0 Upper gum

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV- V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI- VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Gum, Upper CS Tumor Size SEE STANDARD TABLE

Gum, Upper

CS Extension

Note: Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to lamina propria (mucoperiosteum) (stroma)	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Floor of mouth Labial mucosa (inner lip), lip Tongue	*	RE	RE
55	Facial muscle, NOS Subcutaneous soft tissue of face	*	RE	RE
60	Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)	*	RE	RE
70	Maxilla	T4a	RE	RE

72	Deep muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	RE	RE
74	Maxillary antrum (sinus) Nasal cavity	T4a	D	D
76	Skin	T4a	D	D
79	Skull	T4b	D	D
80	Further contiguous extension, including: Masticator space Pterygoid plates Skull base Encases internal carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For codes 10, 30, 50, 55, 60, and 65 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Gum, Upper CS TS/Ext-Eval SEE STANDARD TABLE

Gum, Upper

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

ipsiiaterai.		1		
Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Retropharyngeal, NOS Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal	*	D	D

	1	T		
12, cont'd	Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital			
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Gum, Upper CS Reg Nodes Eval SEE STANDARD TABLE

Gum, Upper Reg LN Pos SEE STANDARD TABLE

Gum, Upper Reg LN Exam SEE STANDARD TABLE

Gum, Upper CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Gum, Upper CS Mets Eval SEE STANDARD TABLE

Gum, Upper

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given

991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Gum, Upper

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, Upper

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III

100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, Upper

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, Upper

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, Upper

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved

111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Collaborative Staging Codes Gum, Lower and Retromolar Area Retromolar gingiva (trigone) C03.1, C06.2

C03.1 Lower gum C06.2 Retromolar area

CS Tumor Size CS Site-Specific Factor 1 - Size of

CS Extension Lymph Nodes

CS Lymph Nodes Extracapsular Extension, Lymph Nodes

CS Reg Nodes Eval for Head and Neck

Reg LN Pos
Reg LN Exam

CS Site-Specific Factor 3 - Levels I-III,
Lymph Nodes for Head and Neck

CS Mets at DX
CS Mets Eval

CS Site-Specific Factor 4 - Levels IV-V
and Retropharyngeal Lymph Nodes for

Head and Neck

CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head

and Neck

CS Site-Specific Factor 6 -

Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

The following tables are available

at the collaborative staging

website:

Histology Exclusion Table

AJCC Stage

Extension Size Table Lymph Nodes Size Table

Gum, Lower and Retromolar Area CS Tumor Size SEE STANDARD TABLE

Gum, Lower and Retromolar Area

CS Extension

Note: Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement (code 70).

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to lamina propria (mucoperiosteum)(stroma)	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Floor of mouth Labial mucosa (inner lip), lip Tongue	*	RE	RE
55	Facial muscle, NOS Subcutaneous soft tissue of face	*	RE	RE
60	Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)	*	RE	RE
65	Soft palate including uvula	*	RE	RE
70	Mandible	T4a	RE	RE

72	Deep muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	RE	RE
76	Skin	T4a	D	D
79	Skull	T4b	D	D
80	Further contiguous extension, including: Masticator space Pterygoid plates Skull base Encases internal carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For codes 10, 30, 50, 55, 60, and 65 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Gum, Lower and Retromolar Area CS TS/Ext-Eval SEE STANDARD TABLE

Gum, Lower and Retromolar Area

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular	*	RN	RN

10				
10, cont'd	Other groups Facial:			
	Buccinator (buccal) Nasolabial			
	Cervical, NOS			
	Deep cervical, NOS Internal jugular, NOS			
	Mandibular, NOS			
	Regional lymph node, NOS			
12	Single positive ipsilateral regional node:	*	D	D
	Level V node Posterior cervical			
	Posterior triangle (spinal accessory and transverse cervical)			
	(upper, middle, and lower corresponding to the levels that			
	define upper, middle, and lower jugular nodes) Level VI node			
	Anterior deep cervical			
	Laterotracheal Paralaryngeal			
	Paratracheal			
	Prelaryngeal Pretracheal			
	Recurrent laryngeal			
	Level VII node			
	Upper mediastinum (for other mediastinal nodes see CS Mets at DX)			
	Other groups			
	Intraparotid Parapharyngeal			
	Periparotid			
	Retropharyngeal Sub-occipital			
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10:	*	RN	RN
30	Positive ipsilateral nodes(s), not stated if single or multiple		KIN	KIN
32	Regional lymph nodes as listed in code 12:	*	D	D
	Positive ipsilateral node(s), not stated if single or multiple			
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12:	*	D	D
44	Positive bilateral or contralateral nodes	·	D	ט
49	Stated as N2c, no other information	N2c	RN	RN

50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Gum, Lower and Retromolar Area CS Reg Nodes Eval SEE STANDARD TABLE

Gum, Lower and Retromolar Area Reg LN Pos SEE STANDARD TABLE

Gum, Lower and Retromolar Area Reg LN Exam SEE STANDARD TABLE

Gum, Lower and Retromolar Area CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Gum, Lower and Retromolar Area CS Mets Eval SEE STANDARD TABLE

Gum, Lower and Retromolar Area

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Gum, Lower and Retromolar Area

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not decommented in notice tracerd
	Not documented in patient record

Gum, Lower and Retromolar Area

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, Lower and Retromolar Area CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved

110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, Lower and Retromolar Area

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description	
000	No lymph node involvement in Levels VI or VII or facial nodes	
100	Level VI lymph node(s) involved	
010	Level VII lymph node(s) involved	
001	Facial (buccinator, nasolabial) lymph node(s) involved	
110	Level VI and VII lymph nodes involved	
101	Level VI and facial (buccinator, nasolabial) nodes involved	
011	Level VII and facial (buccinator, nasolabial) nodes involved	
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Gum, Lower and Retromolar Area

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description			
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement			
100	Parapharyngeal lymph node(s) involved			
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved			
001	Sub-occipital lymph node(s) involved			
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved			
101	Parapharyngeal and sub-occipital lymph nodes involved			
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved			
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved			
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record			

Collaborative Staging Codes Gum, NOS C03.9

C03.9 Gum, NOS

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I-III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Gum, NOS CS Tumor Size SEE STANDARD TABLE

Gum, NOS

CS Extension

Note: Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to lamina propria mucoperiosteum) (stroma)	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Labial mucosa (inner lip), lip	*	RE	RE
55	Facial muscle, NOS Subcutaneous soft tissue of face	*	RE	RE
60	Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)	*	RE	RE
72	Deep muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	RE	RE

76	Skin	T4a	D	D
79	Skull	T4b	D	D
80	Further contiguous extension, including: Masticator space Pterygoid plates Skull base Encases internal carotid artery	T4b	D	D
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For codes 10, 30, 50, 55, 60, and 65 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Gum, NOS CS TS/Ext-Eval SEE STANDARD TABLE

Gum, NOS

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Other groups Facial: Buccinator (buccal) Nasolabial Cervical, NOS Deep cervical, NOS	*	RN	RN

10, cont'd	Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS			
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D

60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 20, 30, 40, 49, 50 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph nodes, using the extra table, Lymph Nodes Size Table for this site.

Gum, NOS CS Reg Nodes Eval SEE STANDARD TABLE

Gum, NOS Reg LN Pos SEE STANDARD TABLE

Gum, NOS Reg LN Exam SEE STANDARD TABLE

Gum, NOS CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Gum, NOS CS Mets Eval SEE STANDARD TABLE

Gum, NOS

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Gum, NOS

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, NOS

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, NOS

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved

111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, NOS

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
11	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Gum, NOS

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved

001	Sub-occipital lymph node(s) involved	
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved	
101	Parapharyngeal and sub-occipital lymph nodes involved	
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved	
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Collaborative Staging Codes Floor of Mouth C04.0-C04.1, C04.8-C04.9

C04.0 Anterior floor of mouth

C04.1 Lateral floor of mouth

C04.8 Overlapping lesion of floor of mouth

C04.9 Floor of mouth, NOS

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV- V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI- VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Floor of Mouth CS Tumor Size SEE STANDARD TABLE

Floor of Mouth

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to: Lamina propria Submucosa	*	L	L
30	Localized, NOS	*	L	L
40	Tumor crosses midline	*	L	L
50	Anterior 2/3 of tongue Base of tongue Gingiva (alveolar ridge), lower	*	RE	RE
53	Sublingual gland, including ducts Submandibular (submaxillary) glands, including ducts	*	RE	RE

60	Epiglottis Glossoepiglottic fold Glossopharyngeal sulcus Lateral pharyngeal wall Pharyngeal (lingual) surface Pharyngoepiglottic fold Tonsillar pillars and fossae Tonsils Vallecula	*	RE	RE
62	Extension to deep extrinsic muscle of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus	T4a	L	L
63	(62) + any of [(50) or (53) or (60)]	T4a	RE	RE
64	Subcutaneous soft tissue of chin/neck	T4a	RE	RE
70	Mandible	T4a	RE	RE
76	Skin of undersurface of chin/neck	T4a	RE	RE
77	Further contiguous extension: Maxillary sinus	T4a	D	D
80	Further contiguous extension: Base of skull Masticator space Pterygoid plates	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}Note: For Extension codes 10, 20, 30, 40, 50, 53, and 60 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Floor of Mouth CS TS/Ext-Eval SEE STANDARD TABLE

Floor of Mouth

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemes, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Sublingual Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX)	*	D	D

12, cont'd	Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital			
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 20, 30, 40, 49, 50 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Floor of Mouth CS Reg Nodes Eval SEE STANDARD TABLE

Floor of Mouth Reg LN Pos SEE STANDARD TABLE

Floor of Mouth Reg LN Exam SEE STANDARD TABLE

Floor of Mouth CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Floor of Mouth CS Mets Eval SEE STANDARD TABLE

Floor of Mouth

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger

990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Floor of Mouth

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Floor of Mouth

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Floor of Mouth

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved

111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Floor of Mouth

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Floor of Mouth

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved

010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

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Site-Specific Surgery Codes

Oral Cavity

Lip C000–C009, Base of Tongue C019, Other Parts of Tongue C020–C029, Gum C030–C039. Floor of Mouth C040–C049. Palate C050–C059.

Other Parts of Mouth C060–C069

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

[**SEER Note:** Codes 20-27 include shave and wedge resection]

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

- 40 Radical excision of tumor, NOS
 - 41 Radical excision of tumor ONLY
 - 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, ortotal resection)
 - 43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

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

Codes 40-43 include:

Total glossectomy

Radical glossectomy

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

Collaborative Staging Codes Hard Palate C05.0

C05.0 Hard palate

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Hard Palate CS Tumor Size SEE STANDARD TABLE

Hard Palate

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to mucoperiosteum (stroma)	*	L	L
30	Localized, NOS	*	L	L
40	Tumor crosses midline	*	L	L
50	Buccal mucosa (inner cheek) Gingiva, upper Glossopalatine arch Pharyngopalatine arch Soft palate Uvula	*	RE	RE
70	Maxillary bone Palatine bone	T4a	RE	RE

74	Deep muscle of tongue Floor of nose Maxillary antrum (sinus) Nasal cavity Nasopharynx Skin of face Sphenoid bone	T4a	D	D
76	Pterygoid plate	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 30, 40, and 50 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Hard Palate CS TS/Ext-Eval SEE STANDARD TABLE

Hard Palate

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS	*	RN	RN

10 cont'd	Mandibular, NOS Retropharyngeal Regional lymph node, NOS			
11	Single positive ipsilateral regional node: Level I node Submental	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Parapharyngeal Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN

42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Hard Palate CS Reg Nodes Eval SEE STANDARD TABLE

Hard Palate Reg LN Pos SEE STANDARD TABLE

Hard Palate Reg LN Exam SEE STANDARD TABLE

Hard Palate

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D

40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Hard Palate CS Mets Eval SEE STANDARD TABLE

Hard Palate

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph

node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Hard Palate

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Hard Palate

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Hard Palate

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Hard Palate

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved

101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Hard Palate

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Collaborative Staging Codes Soft Palate, Uvula C05.1-C05.2

C05.1 Soft Palate, NOS

C05.2 Uvula

Note 1: AJCC includes inferior surface of the soft palate (C05.1) and uvula (C05.2) with oropharynx (C09._,

C10.).

Note 2: Soft palate excludes nasopharyngeal (superior) surface of soft palate (C11.3).

CS Tumor Size	CS Site-Specific Factor 1 - Size of	The following tables are available
CS Extension	Lymph Nodes	at the collaborative staging
CS TS/Ext-Eval	CS Site-Specific Factor 2 -	website:
CS Lymph Nodes	Extracapsular Extension, Lymph Nodes	Histology Exclusion Table
CS Reg Nodes Eval	for Head and Neck	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 3 - Levels I-	Extension Size Table
Reg LN Exam	III, Lymph Nodes for Head and Neck	Lymph Nodes Size Table
CS Mets at DX	CS Site-Specific Factor 4 - Levels IV-	
CS Mets Eval	V and Retropharyngeal Lymph Nodes	
	for Head and Neck	
	CS Site-Specific Factor 5 - Levels VI-	
	VII and Facial Lymph Nodes for Head	
	and Neck	
	CS Site-Specific Factor 6 -	
	Parapharyngeal, Parotid, Preauricular,	
	and Sub-Occipital Lymph Nodes,	
	Lymph Nodes for Head and Neck	

Soft Palate, Uvula CS Tumor Size SEE STANDARD TABLE

Soft Palate, Uvula

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to: Lamina propria Submucosa	*	L	L
20	Musculature invaded	*	L	L
30	Localized, NOS	*	L	L
40	Tumor crosses midline	*	L	L
50	Buccal mucosa (inner cheek) Gum (gingiva), upper	*	RE	RE
60	Lateral pharyngeal wall Tonsillar pillars and fossae Tonsils	*	RE	RE

65	Hard palate	T4a	RE	RE
70	Mandible Maxilla Palatine bone (bone of hard palate)	T4a	D	D
71	Pterygoid muscle, medial or NOS	T4a	D	D
72	Tongue Deep extrinsic muscle of tongue	T4a	D	D
73	Larynx	T4a	D	D
74	Maxillary antrum (sinus) Nasopharynx, lateral or NOS	T4b	D	D
77	Nasal cavity	T4a	RE	D
78	Pterygoid muscle, lateral Pterygoid plates Note: For medial pterygoid muscle or pterygoid muscle, NOS, see code 71	T4b	RE	D
79	[(77) or (78)] with any of [(70) to (76)]	T4b	D	D
80	Further contiguous extension Carotid artery Skull base	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 40, 50, and 60 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Soft Palate, Uvula CS TS/Ext-Eval SEE STANDARD TABLE

Soft Palate, Uvula CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary)	*	RN	RN

10, cont'd	Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS			
11	Single positive ipsilateral regional node: Other groups Retropharyngeal	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Parapharyngeal Retropharyngeal Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN

31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Soft Palate, Uvula CS Reg Nodes Eval SEE STANDARD TABLE

Soft Palate, Uvula Reg LN Pos SEE STANDARD TABLE

Soft Palate, Uvula Reg LN Exam SEE STANDARD TABLE

Soft Palate, Uvula CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Soft Palate, Uvula **CS Mets Eval SEE STANDARD TABLE**

Soft Palate, Uvula

CS Site-Specific Factor 1 Size of Lymph Nodes
Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph

node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Soft Palate, Uvula

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Soft Palate, Uvula

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Soft Palate, Uvula

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Soft Palate, Uvula

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed
	Not documented in patient record

Soft Palate, Uvula

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Site-Specific Surgery Codes

Oral Cavity

Lip C000–C009, Base of Tongue C019, Other Parts of Tongue C020–C029,

Gum C030-C039, Floor of Mouth C040-C049, Palate C050-C059,

Other Parts of Mouth C060-C069

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

[SEER Note: Codes 20-27 include shave and wedge resection]

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

- 40 Radical excision of tumor, NOS
 - 41 Radical excision of tumor ONLY
 - 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
 - 43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

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

Codes 40–43 include:

Total glossectomy

Radical glossectomy

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

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Collaborative Staging Codes Other Mouth C05.8-C05.9, C06.8-C06.9

C05.8 Overlapping lesion of palate

C05.9 Palate, NOS

C06.8 Overlapping lesion of other and unspecified parts of mouth

C06.9 Mouth, NOS

CS Tumor Size CS Site-Specific Factor 1 - Size of The following tables are available CS Extension Lymph Nodes at the collaborative staging CS TS/Ext-Eval CS Site-Specific Factor 2 website: Extracapsular Extension, Lymph Histology Exclusion Table CS Lymph Nodes Nodes for Head and Neck CS Reg Nodes Eval AJCC Stage Reg LN Pos CS Site-Specific Factor 3 - Levels I-Extension Size Table Reg LN Exam III, Lymph Nodes for Head and Neck Lymph Nodes Size Table CS Mets at DX **CS Site-Specific Factor 4 -** Levels CS Mets Eval IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 -Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Other Mouth CS Tumor Size SEE STANDARD TABLE

Other Mouth CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Lamina propria Submucosa	*	L	L
20	Musculature invaded	*	L	L
30	Localized, NOS	*	L	L
50	Adjacent oral cavity	*	RE	RE
60	Extension to oropharynx: Inferior surface of soft palate Lateral pharyngeal wall Lingual surface of epiglottis Vallecula	*	RE	RE
70	Extension to adjacent structures: Mandible Maxilla Maxillary antrum (sinus) Nasal cavity	T4a	D	D

70 cont'd	Skin of face/neck Tongue			
71	Deep extrinsic muscle of tongue	T4a	D	D
72	Skull	T4b	D	D
75	Base of skull Encases internal carotid artery Masticator space Pterygoid plates	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 30, 50, and 60 ONLY, the T category is assigned based on the value of Tumor Size, as shown in the Extension Size Table for this site.

Other Mouth CS TS/Ext-Eval SEE STANDARD TABLE

Other Mouth CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS	*	RN	RN

10 cont'd	Mandibular, NOS Regional lymph node, NOS			
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN

70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Other Mouth CS Reg Nodes Eval SEE STANDARD TABLE

Other Mouth Reg LN Pos SEE STANDARD TABLE

Other Mouth
Reg LN Exam
SEE STANDARD TABLE

Other Mouth CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Other Mouth CS Mets Eval SEE STANDARD TABLE

Other Mouth

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Other Mouth

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other Mouth

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other Mouth

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in notice tracerd
	Not documented in patient record

Other Mouth

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	o lymph node involvement in Levels VI or VII or facial nodes	
100	vel VI lymph node(s) involved	
010	Level VII lymph node(s) involved	
001	Facial (buccinator, nasolabial) lymph node(s) involved	
110	Level VI and VII lymph nodes involved	
101	Level VI and facial (buccinator, nasolabial) nodes involved	
011	Level VII and facial (buccinator, nasolabial) nodes involved	
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Other Mouth

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved

110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved			
101	arapharyngeal and sub-occipital lymph nodes involved			
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved			
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved			
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record			

Collaborative Staging Codes Cheek (Buccal) Mucosa, Vestibule C06.0-C06.1

C06.0 Cheek mucosa C06.1 Vestibule of mouth

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV- V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI- VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Cheek (Buccal) Mucosa, Vestibule CS Tumor Size SEE STANDARD TABLE

Cheek (Buccal) Mucosa, Vestibule

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Lamina propria Submucosa	*	L	L
20	Musculature (buccinator)	*	RE	L
30	Localized, NOS	*	L	L
50	Lip(s) including commissure	*	RE	RE
51	Gingiva	*	RE	RE
60	Lateral pharyngeal wall Tonsillar pillars and fossae Tonsils	*	RE	RE
65	Subcutaneous soft tissue of cheek	T4a	RE	RE
66	Skin of cheek (WITH or WITHOUT ulceration)	T4a	RE	D
67	Maxillary sinus	T4a	D	D

70	Bone (cortical): Mandible Maxilla	T4a	D	D
73	Skull	T4b	D	D
75	Tongue Deep extrinsic muscle of tongue	T4a	D	D
79	Other contiguous extension: Base of skull Encases internal carotid artery Masticator space Pterygoid plates	T4b	D	D
80	Further contiguous extension: Hard palate Soft palate	T4b	D	D
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 30, 50, 51, and 60 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Cheek (Buccal) Mucosa, Vestibule CS TS/Ext-Eval SEE STANDARD TABLE

Cheek (Buccal) Mucosa, Vestibule

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid)	*	RN	RN

	T	1		1
10, cont'd	Lower deep cervical Lower jugular Other groups Facial: Buccinator (buccal) Nasolabial Parotid, NOS Infra-auricular Preauricular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS			
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple or regional	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN

42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Cheek (Buccal) Mucosa, Vestibule CS Reg Nodes Eval SEE STANDARD TABLE

Cheek (Buccal) Mucosa, Vestibule Reg LN Pos SEE STANDARD TABLE

Cheek (Buccal) Mucosa, Vestibule Reg LN Exam SEE STANDARD TABLE

Cheek (Buccal) Mucosa, Vestibule CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D

99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U	
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Cheek (Buccal) Mucosa, Vestibule **CS Mets Eval SEE STANDARD TABLE**

Cheek (Buccal) Mucosa, Vestibule

CS Site-Specific Factor 1 Size of Lymph Nodes
Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph

node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description	
000	No involved regional nodes	
001-988	001-988 millimeters (code exact size in millimeters)	
989	989 millimeters or larger	
990	Microscopic focus or foci only, no size of focus given	
991	Described as less than 1 cm	
992	Described as less than 2 cm	
993	Described as less than 3 cm	
994	Described as less than 4 cm	
995	Described as less than 5 cm	
996	Described as less than 6 cm	
997	Described as more than 6 cm	
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record	

Cheek (Buccal) Mucosa, Vestibule

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description	
000	No extracapsular extension	
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically	
005	Extracapsular extension present pathologically	
888	Not applicable; no lymph node involvement	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Cheek (Buccal) Mucosa, Vestibule

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description	
000	No lymph node involvement in Levels I, II, or III	
100	Level I lymph node(s) involved	
010	Level II lymph node(s) involved	
001	Level III lymph node(s) involved	
110	Level I and II lymph nodes involved	
101	Level I and III lymph nodes involved	
011	Level II and III lymph nodes involved	
111	Level I, II and III lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Cheek (Buccal) Mucosa, Vestibule CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	No lymph node involvement in Levels IV or V or retropharyngeal	
100	Level IV lymph node(s) involved	
010	Level V lymph node(s) involved	
001	Retropharyngeal nodes involved	
110	Level IV and V lymph nodes involved	
101	Level IV and retropharyngeal nodes involved	
011	Level V and retropharyngeal nodes involved	
111	Level IV and V and retropharyngeal lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Cheek (Buccal) Mucosa, Vestibule

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description	
000	No lymph node involvement in Levels VI or VII or facial nodes	
100	Level VI lymph node(s) involved	
010	Level VII lymph node(s) involved	
001	Facial (buccinator, nasolabial) lymph node(s) involved	
110	Level VI and VII lymph nodes involved	
101	Level VI and facial (buccinator, nasolabial) nodes involved	
011	Level VII and facial (buccinator, nasolabial) nodes involved	
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in national record
	Not documented in patient record

Cheek (Buccal) Mucosa, Vestibule CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description	
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement	
100	Parapharyngeal lymph node(s) involved	
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved	
001	Sub-occipital lymph node(s) involved	
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved	
101	Parapharyngeal and sub-occipital lymph nodes involved	
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved	
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Site-Specific Surgery Codes

Oral Cavity

Lip C000–C009, Base of Tongue C019, Other Parts of Tongue C020–C029, Gum C030–C039, Floor of Mouth C040–C049, **Palate C050–C059**,

Other Parts of Mouth C060-C069

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

Codes

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

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS

- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26-27 WITH

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

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

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

[SEER Note: Codes 20-27 include shave and wedge resection]

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

40 Radical excision of tumor, NOS

- 41 Radical excision of tumor ONLY
- 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
- 43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

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

Codes 40-43 include:

Total glossectomy

Radical glossectomy

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

Collaborative Staging Codes Parotid Gland

C07.9

C07.9 Parotid gland

Note: Laterality must be coded for C07.9.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Parotid Gland CS Tumor Size SEE STANDARD TABLE

Parotid Gland

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to gland/duct of origin Multiple foci confined to substance of parotid gland	*	L	L
30	Localized, NOS	*	L	L
35	Microscopic extraparenchymal extension ONLY	*	RE	RE
40	Another major salivary gland (submaxillary, sublingual) Periglandular soft/connective tissue including macroscopic extraparenchymal extension Pharyngeal mucosa Skeletal muscle: Digastric Masseter Pterygoid Sternocleidomastoid Stylohyoid	*	RE	RE
42	External auditory meatus Skin overlying gland	T4a	RE	RE

45	Periosteum of mandible	T4a	RE	RE
50	Auricular nerve Mandible Mastoid	T4a	RE	RE
70	Facial (7th) nerve	T4a	RE	D
72	Spinal accessory nerve	T4a	RE	D
75	Major blood vessel(s): Carotid artery Facial artery or vein Jugular vein Maxillary artery	T4b	RE	RE
76	Base of skull Skull, NOS	T4b	RE	D
77	Pterygoid plates	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*} For Extension codes 10, 30, 35, and 40 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Extension by Size Table for this site.

Parotid Gland CS TS/Ext-Eval SEE STANDARD TABLE

Parotid Gland

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Parotid nodes Infra-auricular Intraparotid Preauricular Cervical, NOS Deep cervical, NOS	*	RN	RN

10, cont'd	Internal jugular Mandibular, NOS Regional lymph node, NOS			
11	Single positive ipsilateral regional node: Level II node Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D

Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
Stated as N2c, no other information	N2c	RN	RN
Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
Stated as N2, NOS	N2NOS	RN	RN
Stated as N3, no other information	N3	RN	RN
Lymph nodes, NOS, no other information	*	RN	RN
Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U
	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes Stated as N2c, no other information Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Stated as N2, NOS Stated as N3, no other information Lymph nodes, NOS, no other information Unknown; not stated Regional lymph node(s) cannot be assessed	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes Stated as N2c, no other information N2c Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Stated as N2, NOS Stated as N3, no other information N3 Lymph nodes, NOS, no other information VX Regional lymph node(s) cannot be assessed	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes Stated as N2c, no other information Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple Stated as N2, NOS N2NOS N2NOS RN Stated as N3, no other information N3 RN Lymph nodes, NOS, no other information * RN Unknown; not stated Regional lymph node(s) cannot be assessed

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size table, for this site.

Parotid Gland CS Reg Nodes Eval SEE STANDARD TABLE

Parotid Gland Reg LN Pos SEE STANDARD TABLE

Parotid Gland Reg LN Exam SEE STANDARD TABLE

Parotid Gland CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Supraclavicular (transverse cervical)	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Parotid Gland CS Mets Eval SEE STANDARD TABLE

Parotid Gland

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Parotid Gland

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Parotid Gland

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Parotid Gland

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Parotid Gland

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Parotid Gland

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Collaborative Staging Codes Submandibular Gland C08.0

C08.0 Submandibular Gland

Note: Laterality must be coded for C08.0.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Submandibular Gland CS Tumor Size SEE STANDARD TABLE

Submandibular Gland

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to gland/duct of origin	*	L	L
30	Localized, NOS	*	L	L
35	Microscopic extraparenchymal extension ONLY	*	RE	RE
40	Another major salivary gland (parotid, sublingual) Periglandular soft/connective tissue including macroscopic extraparenchymal extension Skeletal muscle: Digastric Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Pterygoid Styloglossus Stylohyoid	*	RE	RE

45	Periosteum of mandible	T4a	RE	RE
50	Mandible Nerves: Facial (7th) Lingual	T4a	RE	RE
51	External auditory meatus	T4a	D	D
52	Major blood vessels: Carotid artery Facial artery or vein Maxillary artery	T4b	RE	RE
71	Base of skull Skull, NOS	T4b	RE	D
72	Spinal accessory nerve	T4a	RE	D
77	Pterygoid plates	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*} For Extension codes 10, 30, 35, and 40 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this site.

Submandibular Gland CS TS/Ext-Eval SEE STANDARD TABLE

Submandibular Gland

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node	*	RN	RN

			1	
10, cont'd	Middle deep cervical Mid jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS			
12	Single positive ipsilateral regional node: Level IV node Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN

50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Submandibular Gland CS Reg Nodes Eval SEE STANDARD TABLE

Submandibular Gland Reg LN Pos SEE STANDARD TABLE

Submandibular Gland Reg LN Exam SEE STANDARD TABLE

Submandibular Gland CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Supraclavicular (transverse cervical)	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Submandibular Gland CS Mets Eval SEE STANDARD TABLE

Submandibular Gland

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Submandibular Gland

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in notice tracerd
	Not documented in patient record

Submandibular Gland

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Submandibular Gland

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved

101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Submandibular Gland

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	No lymph node involvement in Levels VI or VII or facial nodes	
100	vel VI lymph node(s) involved	
010	Level VII lymph node(s) involved	
001	Facial (buccinator, nasolabial) lymph node(s) involved	
110	Level VI and VII lymph nodes involved	
101	Level VI and facial (buccinator, nasolabial) nodes involved	
011	Level VII and facial (buccinator, nasolabial) nodes involved	
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Submandibular Gland

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement

100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Collaborative Staging Codes Other and Unspecified Major Salivary Glands C08.1, C08.8-C08.9

C08.1 Sublingual gland

C08.8 Overlapping lesion of major salivary glands C08.9 Major salivary gland, NOS

Note: Laterality must be coded for C08.1.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Other and Unspecified Major Salivary Glands **CS Tumor Size SEE STANDARD TABLE**

Other and Unspecified Major Salivary Glands **CS Extension**

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to gland/duct of origin	*	L	L
30	Localized, NOS	*	L	L
35	Microscopic extraparenchymal extension ONLY	*	RE	RE
40	Extension to: Another major salivary gland (parotid, submandibular) Periglandular soft/connective tissue including extraparenchymal extension Skeletal muscle: Digastric Pterygoid Stylohyoid	Т3	RE	RE
45	Periosteum of mandible	T4a	RE	RE

51	Mandible Nerves: Facial (7th) Lingual	T4a	RE	RE
60	Skin	T4a	D	D
62	External auditory meatus	T4a	D	D
65	Blood vessel(s): Carotid artery Facial artery or vein Maxillary artery	T4b	RE	RE
71	Base of skull Skull, NOS	T4b	RE	D
72	Spinal accessory nerve	T4a	RE	D
79	Pterygoid plates	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*} For Extension codes 10, 30, and 35 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this site.

Other and Unspecified Major Salivary Glands CS TS/Ext-Eval SEE STANDARD TABLE

Other and Unspecified Major Salivary Glands CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Cervical, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN

12	Single positive ipsilateral regional node:	*	D	D
	Level II node Upper deep cervical Upper jugular Level III node Middle deep cervical			
	Mid jugular Level IV node Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that			
	define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal			
	Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital			
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN

50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*}For codes 10, 12, 20, 22, 30, 32, 40, 42, 49, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Other and Unspecified Major Salivary Glands CS Reg Nodes Eval SEE STANDARD TABLE

Other and Unspecified Major Salivary Glands Reg LN Pos SEE STANDARD TABLE

Other and Unspecified Major Salivary Glands Reg LN Exam SEE STANDARD TABLE

Other and Unspecified Major Salivary Glands CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Supraclavicular (transverse cervical)	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Other and Unspecified Major Salivary Glands CS Mets Eval SEE STANDARD TABLE

Other and Unspecified Major Salivary Glands CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Other and Unspecified Major Salivary Glands

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically

888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other and Unspecified Major Salivary Glands CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other and Unspecified Major Salivary Glands CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved

001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other and Unspecified Major Salivary Glands

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Other and Unspecified Major Salivary Glands CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Site-Specific Surgery Codes

Parotid and Other Unspecified Glands

Parotid Gland C079, Major Salivary Glands C080-C089

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

[SEER Note: Codes 30-80 include major salivary gland, NOS]

30 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS

[SEER NOTES: Includes less than total removal of other major salivary gland When the operative report specifies nerve monitoring, it means that a nerve sparing surgery is being done]

- 31 Facial nerve spared
- 32 Facial nerve sacrificed
- 33 Superficial lobe ONLY
- 34 Facial nerve spared
- 35 Facial nerve sacrificed
- 36 Deep lobe (Total)

[SEER Note: With or without superficial lobe]

- 37 Facial nerve spared
- 38 Facial nerve sacrificed

[SEER Note: Codes 40-80 include submandibulectomy; submaxillectomy]

- 40 Total parotidectomy, NOS; total removal of major salivary gland, NOS
 - 41 Facial nerve spared
 - 42 Facial nerve sacrificed
- 50 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS
 - 51 WITHOUT removal of temporal bone
 - 52 WITH removal of temporal bone
 - WITH removal of overlying skin (requires graft or flap coverage)
- 80 Parotidectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

Collaborative Staging Codes

Tonsil, Oropharynx

C09.0-C09.1, C09.8-C09.9, C10.0, C10.2-C10.4, C10.8-C10.9

C09.0 Tonsillar fossa

C09.1 Tonsillar pillar

C09.8 Overlapping lesion of tonsil

C09.9 Tonsil, NOS (excludes lingual tonsil C02.4)

C10.0 Vallecula

C10.2 Lateral wall of oropharynx

C10.3 Posterior wall of oropharynx

C10.4 Branchial cleft (site of neoplasm)

C10.8 Overlapping lesion of oropharynx

C10.9 Oropharynx, NOS

Note 1: Laterality must be coded for C09.0, C09.1, C09.8, and C09.9.

Note 2: AJCC includes base of tongue (C01.9) with oropharynx (C09._, C10._).

CS Tumor Size	CS Site-Specific Factor 1 - Size of	The following tables are available
CS Extension	Lymph Nodes	at the collaborative staging
CS TS/Ext-Eval	CS Site-Specific Factor 2 -	website:
CS Lymph Nodes	Extracapsular Extension, Lymph Nodes	Histology Exclusion Table
CS Reg Nodes Eval	for Head and Neck	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 3 - Levels I-	Extension Size Table
Reg LN Exam	III, Lymph Nodes for Head and Neck	Lymph Nodes Size Table
CS Mets at DX	CS Site-Specific Factor 4 - Levels IV-	
CS Mets Eval	V and Retropharyngeal Lymph Nodes	
	for Head and Neck	
	CS Site-Specific Factor 5 - Levels VI-	
	VII and Facial Lymph Nodes for Head	
	and Neck	
	CS Site-Specific Factor 6 -	
	Parapharyngeal, Parotid, Preauricular,	
	1 10 /	
	and Sub-Occipital Lymph Nodes,	
	Lymph Nodes for Head and Neck	

Tonsil, Oropharynx CS Tumor Size SEE STANDARD TABLE

Tonsil, Oropharynx

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to one of the following subsites: Anterior wall (including vallecula and lingual (anterior) surface of epiglottis) One lateral wall Posterior wall	*	L	L
20	Involvement of two or more subsites: Posterior, anterior or lateral wall(s)	*	L	L

30	Localized, NOS	*	L	L
40	Soft palate, inferior surface including uvula, or soft palate, NOS	*	RE	RE
41	Hypopharynx NOS Pyriform sinus	*	RE	RE
42	Soft palate, superior (nasopharyngeal) surface	*	RE	RE
50	Base of tongue Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva)	*	RE	RE
55	Any extension coded in 10-50 WITH fixation	*	RE	RE
60	Prevertebral fascia or muscle Soft tissue of neck	*	RE	RE
62	Nasopharynx, lateral, or NOS	T4b	RE	RE
65	Larynx, NOS Medial pterygoid muscle, or pterygoid muscle, NOS Posterior surface of epiglottis	T4a	RE	RE
70	Deep extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus Hard palate Mandible	T4a	D	D
72	Lateral pterygoid muscle Pterygoid plates	T4b	D	D
75	Bone of skull	T4b	D	D
76	Bone	T4b	D	D
77	Carotid artery	T4b	D	D
80	Further contiguous extension: Anterior 2/3 of tongue Parotid gland	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*} For codes 10, 20, 40, 41, 42, 50, 55, and 60 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this site.

Tonsil, Oropharynx CS TS/Ext-Eval SEE STANDARD TABLE

Tonsil, Oropharynx

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid	*	D	D

12, cont'd	Parapharyngeal Periparotid Retropharyngeal Sub-occipital			
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Tonsil, Oropharynx CS Reg Nodes Eval SEE STANDARD TABLE

Tonsil, Oropharynx Reg LN Pos SEE STANDARD TABLE

Tonsil, Oropharynx Reg LN Exam SEE STANDARD TABLE

Tonsil, Oropharynx CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Tonsil, Oropharynx CS Mets Eval SEE STANDARD TABLE

Tonsil, Oropharynx

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Tonsil, Oropharynx

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Tonsil, Oropharynx

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Tonsil, Oropharynx

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved

Ģ	999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed
		Not documented in patient record

Tonsil, Oropharynx

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Tonsil, Oropharynx

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved

110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

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Collaborative Staging Codes Anterior Surface of Epiglottis C10.1

C10.1 Anterior surface of epiglottis

Note: AJCC includes lingual (anterior) surface of epiglottis (C10.1) with larynx. SEER Extent of Disease included

it with oropharynx.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV- V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI- VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Lymph Nodes Size Table
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Anterior Surface of Epiglottis CS Tumor Size SEE STANDARD TABLE

Anterior Surface of Epiglottis CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to anterior surface of epiglottis with normal vocal cord mobility	Т1	L	L
20	Mucosa of adjacent subsite(s) of oropharynx	T2	L	L
30	Localized, NOS	T1	L	L
31	Vallecula without fixation of larynx	T2	L	L
32	Mucosa of adjacent subsite(s) of supraglottis (including posterior surface of epiglottis) without fixation of larynx	T2	RE	RE
33	Larynx, glottic or NOS, without fixation of larynx	T2	RE	RE
34	Pyriform sinus, medial wall or NOS, without fixation of larynx	T2	RE	RE
35	Mucosa of base of tongue without fixation of larynx	T2	RE	RE
36	Any of (10) to (35) with vocal cord fixation	Т3	RE	RE

Postcricoid area Pyriform sinus except medial wall (see code 34) 43 (38) + (39)	RE
Postericoid area Pyriform sinus except medial wall (see code 34) 43 (38) + (39) T3 D D 45 Soft palate, inferior surface including uvula, or soft palate, NOS T4a RE R 47 Nasopharynx, NOS Soft palate, superior (nasopharyngeal) surface 50 Base of tongue, except mucosa (see code 35) Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva) 62 Soft tissues of neck T4a RE R 65 Pterygoid muscle T4a RE R 66 [(38) or (43)] + any of [(45) to (65)] T4a D D 67 Invasion through thyroid cartilage (see also code 38) T4a D D 68 Trachea T4a D D 69 Esophagus Strap muscles Thyroid 70 Extrinsic muscles of tongue: Genioglossus Geniohyoid Palatoglossus Mylohyoid Palatoglossus Mylohyoid Palatoglossus Strap Muscles That Palatoglossus Mylohyoid Palatoglos	D RE RE
45 Soft palate, inferior surface including uvula, or soft palate, NOS T4a RE Ri 47 Nasopharynx, NOS Soft palate, superior (nasopharyngeal) surface 50 Base of tongue, except mucosa (see code 35) Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva) 62 Soft tissues of neck 64 Pterygoid muscle 65 Pterygoid muscle 66 [(38) or (43)] + any of [(45) to (65)] 67 Invasion through thyroid cartilage (see also code 38) Thyroid cartilage, NOS 68 Trachea 70 Esophagus Strap muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Mylohyoid Palatoglossus	RE RE
Nasopharynx, NOS Soft palate, superior (nasopharyngeal) surface T4a RE RE	RE
Soft palate, superior (nasopharyngeal) surface 50 Base of tongue, except mucosa (see code 35) Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva) 62 Soft tissues of neck T4a RE Ri 65 Pterygoid muscle [(38) or (43)] + any of [(45) to (65)] T4a D T4a D T4a D T4a D T4a D T5a D T6a Invasion through thyroid cartilage (see also code 38) Thyroid cartilage, NOS T7a D	
Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva) 62 Soft tissues of neck 65 Pterygoid muscle 66 [(38) or (43)] + any of [(45) to (65)] 67 Invasion through thyroid cartilage (see also code 38) Thyroid cartilage, NOS 68 Trachea 70 Estrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Mylohyoid Palatoglossus	RE
Pterygoid muscle	
66 [(38) or (43)] + any of [(45) to (65)] 67 Invasion through thyroid cartilage (see also code 38) Thyroid cartilage, NOS 68 Trachea 69 Esophagus Strap muscles Thyroid 70 Extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus	RE
67 Invasion through thyroid cartilage (see also code 38) Thyroid cartilage, NOS 68 Trachea T4a D D 69 Esophagus Strap muscles Thyroid 70 Extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus	RE
Thyroid cartilage, NOS 68 Trachea T4a D D 69 Esophagus T4a D D Strap muscles Thyroid T4a D D 70 Extrinsic muscles of tongue: T4a D D Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus)
69 Esophagus Strap muscles Thyroid 70 Extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus)
Strap muscles Thyroid 70 Extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus)
Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus)
Sty10g10s3us)
75 Prevertebral fascia or muscle Prevertebral space T4b RE RI	RE
77 (75) + any of [(66) to (70)] T4b D)
Further contiguous extension, including: Anterior 2/3 of tongue Bone Encases carotid artery Hard palate Mandible Mediastinal structures Parotid gland T4b D D)
95 No evidence of primary tumor T0 U U	

Ī	99	Unknown extension	TX	U	U
		Primary tumor cannot be assessed			
		Not documented in patient record			

Anterior Surface of Epiglottis CS TS/Ext-Eval SEE STANDARD TABLE

Anterior Surface of Epiglottis

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal	*	D	D

12, cont'd	Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal			
	Sub-occipital Supraclavicular fossa			
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN

80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph nodes, using the extra table, Lymph Nodes Size Table for this site.

Anterior Surface of Epiglottis CS Reg Nodes Eval SEE STANDARD TABLE

Anterior Surface of Epiglottis Reg LN Pos SEE STANDARD TABLE

Anterior Surface of Epiglottis Reg LN Exam SEE STANDARD TABLE

Anterior Surface of Epiglottis

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), including mediastinal	M1	D	D
40	Distant metastases except distant lymph node(s) (codes 08 -10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Anterior Surface of Epiglottis CS Mets Eval SEE STANDARD TABLE

Anterior Surface of Epiglottis

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
996	Described as less than 6 cm
997	Described as more than 6 cm
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Anterior Surface of Epiglottis

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Anterior Surface of Epiglottis

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Anterior Surface of Epiglottis

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved

999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in notice tracerd
	Not documented in patient record

Anterior Surface of Epiglottis

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	No lymph node involvement in Levels VI or VII or facial nodes	
100	Level VI lymph node(s) involved	
010	Level VII lymph node(s) involved	
001	Facial (buccinator, nasolabial) lymph node(s) involved	
110	Level VI and VII lymph nodes involved	
101	Level VI and facial (buccinator, nasolabial) nodes involved	
011	Level VII and facial (buccinator, nasolabial) nodes involved	
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Anterior Surface of Epiglottis

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description	
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement	
100	Parapharyngeal lymph node(s) involved	
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved	
001	Sub-occipital lymph node(s) involved	

110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved		
101	Parapharyngeal and sub-occipital lymph nodes involved		
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved		
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph n involved		
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record		

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Collaborative Staging Codes

Nasopharynx

C11.0-C11.3, C11.8-C11.9

- C11.0 Superior wall of nasopharynx
- C11.1 Posterior wall of nasopharynx
- C11.2 Lateral wall of nasopharynx
- C11.3 Anterior wall of nasopharynx
- C11.8 Overlapping lesion of nasopharynx
- C11.9 Nasopharynx, NOS

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV- V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI- VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Lymph Nodes Size Table
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Nasopharynx CS Tumor Size SEE STANDARD TABLE

Nasopharynx

CS Extension

Note: Parapharyngeal involvement denotes postero-lateral infiltration of tumor beyond the pharyngobasilar fascia. Involvement of the masticator space denotes extension of tumor beyond the anterior surface of the lateral pterygoid muscle, or lateral extension beyond the postero-lateral wall of the maxillary antrum, pterygo-maxillary fissure.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to one of the following subsites: Inferior wall (superior surface of soft palate) One lateral wall Posterior superior wall (vault)	T1	L	L
20	Involvement of two or more subsites: Lateral wall extending into eustachian tube/middle ear Posterior, inferior, or lateral wall(s)	T1	L	L
30	Confined to nasopharynx Localized, NOS	Т1	L	L
40	Oropharynx Soft palate, inferior surface	T2a	RE	RE

50	Nasal cavity	T2a	RE	RE
55	Any extension coded in 10-50 WITH fixation or tumor Described only as FIXED	T4	RE	RE
56	Any extension coded in 10-50 WITH parapharyngeal extension	T2b	RE	RE
57	Hard palate	T4	D	RE
58	Pterygopalatine fossa	T4	RE	RE
60	Bone, including skull	Т3	RE	RE
62	Paranasal sinus	Т3	D	RE
65	Orbit	T4	RE	D
70	Brain Cranial nerves Hypopharynx Infratemporal fossa Orbit Intracranial extension, NOS	T4	D	D
75	Masticator space	T4	D	D
80	Further contiguous extension Soft tissues of the neck	T4	D	D
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Nasopharynx CS TS/Ext-Eval SEE STANDARD TABLE

Nasopharynx

CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE

10	Single positive ipsilateral regional node: Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular fossa	*	D	D
18	Stated as N1, no other information	N1	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN

31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, no other information	N2	RN	RN
70	Stated as N3, NOS	N3NOS	RN	RN
75	Regional lymph nodes in the supraclavicular fossa: Inferior deep cervical (scalene) Spinal accessory (posterior cervical) Supraclavicular (transverse cervical)	N3b	D	D
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U
	-		•	•

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table, for this site.

Nasopharynx CS Reg Nodes Eval SEE STANDARD TABLE

Nasopharynx Reg LN Pos SEE STANDARD TABLE Nasopharynx Reg LN Exam SEE STANDARD TABLE

Nasopharynx

CS Mets at DX

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

Nasopharynx CS Mets Eval SEE STANDARD TABLE

Nasopharynx

CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code Description 000 No involved regional nodes 001-988 001-988 millimeters (code exact size in millimeters) 989 989 millimeters or larger 990 Microscopic focus or foci only, no size of focus given 991 Described as less than 1 cm 992 Described as less than 2 cm 993 Described as less than 3 cm 994 Described as less than 4 cm 995 Described as less than 5 cm 996 Described as less than 6 cm 997 Described as more than 6 cm

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Nasopharynx

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Nasopharynx

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved

Ģ	999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed
		Not documented in patient record

Nasopharynx

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Nasopharynx

CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved

110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record

Nasopharynx

CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description	
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement	
100	Parapharyngeal lymph node(s) involved	
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved	
001	Sub-occipital lymph node(s) involved	
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved	
101	Parapharyngeal and sub-occipital lymph nodes involved	
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved	
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Collaborative Staging Codes Pyriform Sinus, Hypopharynx, Laryngopharynx C12.9, C13.0-C13.2, C13.8-C13.9

C12.9 Pyriform sinus

C13.0 Postcricoid region

C13.1 Hypopharyngeal aspect of aryepiglottic fold

C13.2 Posterior wall of hypopharynx

C13.8 Overlapping lesion of hypopharynx

C13.9 Hypopharynx, NOS

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 - Size of Lymph Nodes CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck CS Site-Specific Factor 3 - Levels I- III, Lymph Nodes for Head and Neck CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head and Neck CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Lymph Nodes Size Table
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Pyriform Sinus, Hypopharynx, Laryngopharynx CS Tumor Size SEE STANDARD TABLE

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Extension

Note: If fixation of hemilarynx or larynx code to 55 not 51.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to one of the following subsites: Laryngopharynx Postcricoid area Posterior pharyngeal wall Pyriform sinus	*	L	L
20	Tumor involves adjacent subsite(s) (listed in code 10) WITHOUT fixation	*	L	L
30	Localized, NOS	*	L	L
40	Oropharynx	*	RE	RE
50	Larynx	*	RE	RE
51	Any of codes 10-40 WITH fixation of tumor or fixation, NOS	*	RE	RE

55	Fixation of hemilarynx or larynx	Т3	RE	RE
60	Soft tissues of neck including Prelaryngeal strap muscles and subcutaneous fat	T4a	RE	RE
61	Esophagus	T4a	RE	RE
62	Thyroid gland	T4a	D	RE
63	Cricoid cartilage Thyroid cartilage	T4a	D	RE
64	Prevertebral fascia/muscle(s)	T4b	RE	RE
65	Carotid artery	T4b	D	RE
66	Hyoid bone	T4a	D	D
70	Mediastinal structures	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*}For Extension codes 10, 20, 30, 40, 50, and 51 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this site.

Pyriform Sinus, Hypopharynx, Laryngopharynx CS TS/Ext-Eval SEE STANDARD TABLE

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical	*	RN	RN

10, cont'd	Lower jugular Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS			
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
-				

41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	No.	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Reg Nodes Eval SEE STANDARD TABLE

Pyriform Sinus, Hypopharynx, Laryngopharynx Reg LN Pos SEE STANDARD TABLE

Pyriform Sinus, Hypopharynx, Laryngopharynx Reg LN Exam SEE STANDARD TABLE

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Mets Eval SEE STANDARD TABLE

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Site-Specific Factor 1 Size of Lymph Nodes

Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved

Not documented in patient record

Description

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

000 No involved regional nodes 001-988 001-988 millimeters (code exact size in millimeters) 989 989 millimeters or larger 990 Microscopic focus or foci only, no size of focus given 991 Described as less than 1 cm 992 Described as less than 2 cm 993 Described as less than 3 cm 994 Described as less than 4 cm 995 Described as less than 5 cm 996 Described as less than 6 cm 997 Described as more than 6 cm

999

Code

Pyriform Sinus, Hypopharynx, Laryngopharynx

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description	
000	No extracapsular extension	
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically	
005	Extracapsular extension present pathologically	
888	Not applicable; no lymph node involvement	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Code	Description	
000	No lymph node involvement in Levels I, II, or III	
100	Level I lymph node(s) involved	
010	Level II lymph node(s) involved	
001	Level III lymph node(s) involved	
110	Level I and II lymph nodes involved	
101	Level I and III lymph nodes involved	
011	Level II and III lymph nodes involved	
111	Level I, II and III lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	No lymph node involvement in Levels IV or V or retropharyngeal	
100	Level IV lymph node(s) involved	
010	Level V lymph node(s) involved	
001	Retropharyngeal nodes involved	
110	Level IV and V lymph nodes involved	
101	Level IV and retropharyngeal nodes involved	
011	Level V and retropharyngeal nodes involved	
111	Level IV and V and retropharyngeal lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Pyriform Sinus, Hypopharynx, Laryngopharynx CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description		
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement		
100	Parapharyngeal lymph node(s) involved		
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved		
001	Sub-occipital lymph node(s) involved		
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved		
101	Parapharyngeal and sub-occipital lymph nodes involved		
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved		
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved		
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record		

Collaborative Staging Codes Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites C14.0, C14.2, C14.8

C14.0 Pharynx, NOS C14.2 Waldeyer ring

C14.8 Overlapping lesion of lip, oral cavity

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

CS Tumor Size	CS Site-Specific Factor 1 - Size of Lymph	The following tables are available
CS Extension	Nodes	at the collaborative staging
CS TS/Ext-Eval	CS Site-Specific Factor 2 - Extracapsular	website:
CS Lymph Nodes	Extension, Lymph Nodes for Head and Neck	Histology Exclusion Table
CS Reg Nodes Eval	CS Site-Specific Factor 3 - Levels I-III,	AJCC Stage
Reg LN Pos	Lymph Nodes for Head and Neck	-
Reg LN Exam		
CS Mets at DX	CS Site-Specific Factor 4 - Levels IV-V and	
CS Mets Eval	Retropharyngeal Lymph Nodes for Head and	
	Neck	
	CS Site-Specific Factor 5 - Levels VI-VII	
	and Facial Lymph Nodes for Head and Neck	
	CS Site-Specific Factor 6 - Parapharyngeal,	
	Parotid, Preauricular, and Sub-Occipital	
	Lymph Nodes, Lymph Nodes for Head and	
	Neck	

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Tumor Size SEE STANDARD TABLE

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Extension

Note: Definition of Adjacent Structures: Connective tissues large enough to be given a specific name would be considered adjacent structures. For example, the brachial artery has a name, as does the broad ligament. Continuous tumor growth from one organ into an adjacent named structure would be coded to less than 60 in the schemes for ill-defined or non-specific sites.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	NA	IS	IS
10	Invasive tumor confined to site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	More than one region of pharynx involved (oropharynx, nasopharynx, hypopharynx)	NA	RE	RE
50	Pharynx and oral cavity involved	NA	RE	RE
55	Any of codes 10-50 WITH fixation	NA	RE	RE
60	Extension to adjacent structures (See note)	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U

99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U
	Not documented in patient record			

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Lymph Nodes

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph node(s) bilateral and/or contralateral: Cervical, NOS Internal jugular, NOS Deep cervical, NOS: Lower, NOS Jugulo-omohyoid (supraomohyoid) Middle Upper, NOS: Jugulodigastric (subdigastric) Mandibular, NOS Submandibular (submaxillary) Submental Paratracheal Recurrent laryngeal nerve chain Prelaryngeal Delphian node Retropharyngeal Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites Reg LN Pos SEE STANDARD TABLE

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites Reg LN Exam SEE STANDARD TABLE

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Mets at DX

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

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Site-Specific Factor 1 Size of Lymph Nodes

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description		
000	No involved regional nodes		
001-988	001-988 millimeters (code exact size in millimeters)		
989	989 millimeters or larger		
990	Microscopic focus or foci only, no size of focus given		
991	Described as less than 1 cm		
992	Described as less than 2 cm		
993	Described as less than 3 cm		
994	Described as less than 4 cm		
995	Described as less than 5 cm		
996	Described as less than 6 cm		
997	Described as more than 6 cm		
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record		

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code the status of any nodes coded in CS Mets at DX. Pathologic assessment takes priority over clinical assessment.

Note 2: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description	
000	No extracapsular extension	
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically	
005	Extracapsular extension present pathologically	
888	Not applicable; no lymph node involvement	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	No lymph node involvement in Levels I, II, or III	
100	Level I lymph node(s) involved	
010	Level II lymph node(s) involved	
001	Level III lymph node(s) involved	
110	Level I and II lymph nodes involved	
101	Level I and III lymph nodes involved	
011	Level II and III lymph nodes involved	
111	Level I, II and III lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Pharynx, NOS, and Other III-Defined Oral Cavity Sites CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck

Code	Description	
000	No lymph node involvement in Levels IV or V or retropharyngeal	
100	Level IV lymph node(s) involved	
010	Level V lymph node(s) involved	
001	Retropharyngeal nodes involved	
110	Level IV and V lymph nodes involved	
101	Level IV and retropharyngeal nodes involved	
011	Level V and retropharyngeal nodes involved	
111	Level IV and V and retropharyngeal lymph nodes involved	

Ģ	999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed
		Not documented in patient record

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description	
000	No lymph node involvement in Levels VI or VII or facial nodes	
100	Level VI lymph node(s) involved	
010	Level VII lymph node(s) involved	
001	Facial (buccinator, nasolabial) lymph node(s) involved	
110	Level VI and VII lymph nodes involved	
101	Level VI and facial (buccinator, nasolabial) nodes involved	
011	Level VII and facial (buccinator, nasolabial)nodes involved	
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved	
999	Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

Code	Description	
No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph involvement		
100	Parapharyngeal lymph node(s) involved	
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved	
001	Sub-occipital lymph node(s) involved	

110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved	
101	Parapharyngeal and sub-occipital lymph nodes involved	
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved	
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved	
999	9 Unknown if regional lymph node(s) involved, not stated Regional lymph node(s) cannot be assessed Not documented in patient record	

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Site-Specific Surgery Codes

Pharynx

Tonsil C090–C099, Oropharynx C100–C109, Nasopharynx C110–C119 Pyriform Sinus C129, Hypopharynx C130–C139, Pharynx C140 (Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

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

No specimen sent to pathology from surgical events 10–15

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

Any combination of 20 or 26-27 WITH

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

[**SEER Note:** Codes 21 to 25 and 28 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, 25 Laser excision, or 28 Stripping]

Specimen sent to **pathology** from surgical events 20–28

- 30 Pharyngectomy, NOS
 - 31 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
 - 32 Total pharyngectomy
- 40 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)

[SEER Notes: Code 40 includes mandibulectomy (marginal, segmental, hemi-, and/or laryngectomy) NOS Contiguous bone tissue refers to the mandible]

- 41 WITH laryngectomy (laryngopharyngectomy)
- 42 WITH bone [mandibulectomy]
- 43 WITH both 41 and 42

[SEER Notes:

Use code 40 when the patient had a pharyngectomy and maybe some sort of mandibulectomy and/or maybe a laryngectomy, but the exact procedures are not clear

Use code 41 when the patient had pharyngectomy and laryngectomy but no mandibulectomy

Use code 42 when the patient had pharyngectomy and mandibulectomy but no laryngectomy

Use code 43 when it is certain that the patient had both a mandibulectomy and laryngectomy in addition to the pharyngectomy]

- 50 Radical pharyngectomy (includes total mandibular resection), NOS
 - 51 WITHOUT laryngectomy
 - 52 WITH laryngectomy
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes

All Other Sites

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

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

- 30 Simple/partial surgical removal of primary site
- 40 **Total surgical removal** of primary site; enucleation
 - 41 Total enucleation (for eye surgery only)
- 50 Surgery stated to be "debulking"
- 60 Radical surgery

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

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

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

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SEER Site-Specific Coding Guidelines ESOPHAGUS C150-C155, C158-C159

Primary Site

There are two systems that divide the esophagus into three subsites. The first system divides the esophagus into the upper third, middle third, and lower third. The second system describes the subsites as the cervical esophagus, the thoracic esophagus and the abdominal esophagus. The subsites for these two different systems are not identical. Assign the ICD-O-3 topography code that describes the primary site documented in the medical record. See the SEER *Self Instructional Manual for Tumor Registrars, Book 4* for illustrated descriptions of each system.

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Collaborative Staging Codes

Esophagus

C15.0-C15.5, C15.8-C15.9

C15.0 Cervical esophagus

C15.1 Thoracic esophagus

C15.2 Abdominal esophagus

C15.3 Upper third of esophagus

C15.4 Middle third of esophagus

C15.5 Lower third of esophagus

C15.8 Overlapping lesion of esophagus

C15.9 Esophagus, NOS

Anatomic Limits of Esophagus:

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

Intrathoracic (including abdominal esophagus) (C15.1 - C15.5): Upper thoracic portion (C15.3): From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm). Mid-thoracic portion (C15.4): From the tracheal bifurcation midway to the gastroesophageal (GE) junction (24-32 cm).

Lower thoracic portion (C15.5: From midway between the tracheal bifurcation and the gastroesophageal junction

to the GE junction, including the abdominal esophagus (C15.2) between 32-40 cm.

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

Esophagus

CS Tumor Size

Note: For esophagus, this field is used for size of tumor/length of involved esophagus.

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

Esophagus

CS Extension

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

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	T1	L	L
11	Invades lamina propria	T1	L	L
12	Invades muscularis mucosae	T1	L	L
16	Invades submucosa	T1	L	L
20	Muscularis propria invaded	T2	L	L
30	Localized, NOS	T1	L	L
40	Adventitia and/or soft tissue invaded Esophagus is described as "FIXED"	Т3	RE	RE
60	Tumor invades adjacent structures Cervical esophagus: Blood vessel(s): Carotid artery Jugular vein Subclavian artery Thyroid gland Intrathoracic, upper or mid-portion, esophagus: Blood vessel(s), major: Aorta Azygos vein Pulmonary artery/vein Vena cava Carina Diaphragm Main stem bronchus Trachea Intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s): Aorta Gastric artery/vein Vena cava Diaphragm, not fixed, or NOS Stomach, cardia (via serosa)	T4	RE	RE
65	Cervical esophagus: Carina Cervical vertebra(e) Hypopharynx Larynx Trachea	T4	RE	RE

65, cont'd	Intrathoracic esophagus: Lung via bronchus Mediastinal structure(s), NOS Pleura Rib(s) Thoracic vertebra(e)			
78	Thoracic/middle esophagus: Pericardium	T4	RE	D
80	Further contiguous extension: Cervical/upper esophagus: Lung Main stem bronchus Pleura Abdominal/lower esophagus: Diaphragm fixed	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Esophagus CS TS/Ext-Eval SEE STANDARD TABLE

Esophagus

CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s) (including contralateral or bilateral) For all subsites: Peri-/paraesophageal Cervical esophagus only: Cervical, NOS Anterior deep cervical (laterolateral) (recurrent laryngeal) Internal jugular, NOS: Deep cervical, NOS: Upper, NOS: Jugulodigastric (subdigastric) Intrathoracic esophagus, upper or middle, only: Internal jugular, NOS: Deep cervical, NOS: Deep cervical, NOS: Lower, NOS: Jugulo-omohyoid (supraomohyoid) Middle Upper cervical, NOS: Jugulodigastric (subdigastric) Intrabronchial:	N1	RN	RN

10, cont'd	Carinal (tracheobronchial) (tracheal bifurcation) Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Peritracheal Left gastric (superior gastric): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (tracheoesophageal) Intrathoracic esophagus, lower (abdominal) only: Left gastric (superior gastric): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (tracheoesophageal)			
20	Cervical Esophagus only: Scalene (inferior deep cervical) Supraclavicular (transverse cervical)	N1	D	RN
22	Intrathoracic, upper thoracic or middle, only: Superior mediastinal	N1	D	RN
30	All esophagus subsites: Anterior mediastinal Mediastinal, NOS Cervical esophagus only: Aortopulmonary Paratracheal Posterior mediastinal Superior mediastinal Intrathoracic esophagus,upper or middle, only: Aortopulmonary Pulmonary ligament Intrathoracic esophagus, lower (abdominal) only: Common hepatic Diaphragmatic Paratracheal Splenic Superior mediastinal	N1	RN	RN
50	Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Esophagus CS Reg Nodes Eval SEE STANDARD TABLE Esophagus Reg LN Pos SEE STANDARD TABLE

Esophagus Reg LN Exam SEE STANDARD TABLE

Esophagus

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1NOS	D	D
11	Upper thoracic esophagus only: Cervical lymph node(s) Lower thoracic (abdominal) esophagus only: Celiac lymph node(s)	M1a	D	D
12	Specified distant lymph node(s), other than code 11, including: Cervical esophagus only: Common hepatic Diaphragmatic Pulmonary ligament Splenic Intrathoracic esophagus, upper or middle, only: Common hepatic Diaphragmatic Splenic Lower thoracic (abdominal) esophagus only: Aortopulmonary Pulmonary ligament	MINOS	D	D
40	Distant metastases except distant lymph node(s) (codes 10 - 12) Distant metastasis, NOS Carcinomatosis	M1b	D	D
50	(40) + any of [(10) to (12)] Distant lymph node(s) plus other distant metastases	M1b	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Esophagus CS Mets Eval SEE STANDARD TABLE

Esophagus

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Esophagus

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Esophagus

CS Site-Specific Factor 3

0.0 .0 = 0 .0	
Code	Description
888	Not applicable for this site

Esophagus CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Esophagus

CS Site-Specific Factor 5

<u> </u>	p t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t t m t
Code	Description
888	Not applicable for this site

Esophagus

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

Esophagus

C150-C159

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

- 30 Partial esophagectomy
- 40 Total esophagectomy, NOS
- 50 Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS

[SEER Note: Esophagectomy WITH other procedures may be partial, total, or NOS]

- 51 WITH laryngectomy
- 52 WITH gastrectomy, NOS
- 53 Partial gastrectomy
- 54 Total gastrectomy
- 55 Combination of 51 WITH any of 52–54
- 80 Esophagectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

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Collaborative Staging Codes

Stomach

C16.0-C16.6, C16.8-C16.9

C16.0 Cardia, NOS

C16.1 Fundus of stomach

C16.2 Body of stomach

C16.3 Gastric antrum

C16.4 Pylorus

C16.5 Lesser curvature of stomach, NOS

C16.6 Greater curvature of stomach, NOS

C16.8 Overlapping lesion of stomach

C16.9 Stomach, NOS

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

Stomach

CS Tumor Size

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

Stomach

CS Extension

Note 1: INTRALUMINAL or INTRAMURAL extension to esophagus and duodenum is classified by the depth of greatest invasion in any of these sites, including stomach. (For extension to esophagus or duodenum via serosa, see code 60.)

Note 2: If the diagnosis states "linitis plastica" and no other information regarding extension is available, use code 35.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
05	(Adeno)carcinoma in a polyp, noninvasive	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	T1	L	L
11	Invades lamina propria	T1	L	L
12	Invades muscularis mucosae	T1	L	L
13	Confined to head of polyp Extension to stalk	T1	L	L
14	Confined to stalk of polyp	T1	L	L
15	Tumor in polyp, NOS	T1	L	L
16	Invades submucosa (superficial invasion)	T1	L	L
20	Invades into but not through muscularis propria	T2a	L	L
30	Localized, NOS Implants inside stomach	T1	L	L
35	Linitis plastica (see Note 2) and no other information regarding extension is available.	T2a	RE	L
40	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded	T2b	L	L
45	Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS Greater Lesser Perigastric fat	T2b	RE	RE
50	Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the gastric ligaments or the omentum WITHOUT invasion of adjacent structures	Т3	RE	RE
55	(45) + (50)	Т3	RE	RE

60	Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon (including flexures)	T4	RE	RE
70	Abdominal wall Adrenal gland Kidney Retroperitoneum	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Stomach CS TS/Ext-Eval SEE STANDARD TABLE

Stomach

CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro-omental), right or NOS Gastrohepatic Greater curvature Greater omental	*	RN	RN

10, cont'd	Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left Splenic hilar Nodule(s) in perigastric fat			
40	Celiac Hepatic (excluding gastrohepatic, [see code 10] and hepatoduodenal [see code 42])	*	D	RN
42	For lesser curvature only: Hepatoduodenal	*	D	D
50	Regional lymph node(s), NOS	*	RN	RN
80	Lymph node(s), NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-80 ONLY, the N category is assigned based on the value of the Reg LN Pos using the Lymph Nodes Number Positive table for this site.

Stomach CS Reg Nodes Eval SEE STANDARD TABLE

Stomach
Reg LN Pos
SEE STANDARD TABLE

Stomach
Reg LN Exam
SEE STANDARD TABLE

Stomach

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s): For all subsites: Inferior mesenteric Para-aortic Porta hepatis (portal) (hilar) (in hilus of liver) Retropancreatic Retroperitoneal Superior mesenteric or mesenteric, NOS For all subsites EXCEPT lesser curvature Hepatoduodenal	M1	D	D

40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Stomach CS Mets Eval SEE STANDARD TABLE

Stomach

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Stomach

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Stomach

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Stomach

CS Site-Specific Factor 4

	r · · · · · · · · · · · · · · · · · · ·
Code	Description
888	Not applicable for this site

Stomach

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Stomach

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes Stomach

C160-C169

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

- 30 Gastrectomy, NOS (partial, subtotal, hemi-)
 - 31 Antrectomy, lower (distal-less than 40% of stomach)***
 - 32 Lower (distal) gastrectomy (partial, subtotal, hemi-)
 - 33 Upper (proximal) gastrectomy (partial, subtotal, hemi-)

Code 30 includes:

Partial gastrectomy, including a sleeve resection of the stomach

Billroth I: anastomosis to duodenum (duodenostomy)

Billroth II: anastomosis to jejunum (jejunostomy)

- 40 Near-total or total gastrectomy, NOS
 - 41 Near-total gastrectomy
 - 42 Total gastrectomy

A total gastrectomy may follow a previous partial resection of the stomach

- 50 Gastrectomy, NOS WITH removal of a portion of esophagus
- 51 Partial or subtotal gastrectomy
 - 52 Near total or total gastrectomy

Codes 50-52 are used for gastrectomy resection when only portions of esophagus are included in procedure

60 **Gastrectomy** with a resection in continuity with the resection of **other organs**, NOS***

- Partial or subtotal gastrectomy, in continuity with the resection of other organs***
- 62 Near total or total gastrectomy, in continuity with the resection of other organs***
- Radical gastrectomy, in continuity with the resection of other organs***

Codes 60–63 are used for gastrectomy resection with organs other than esophagus. Portions of esophagus may or may not be included in the resection.

[SEER Notes: A portion of the duodenum may be removed during this procedure; assign codes 60-63 unless the entire duodenum was removed and a gastrojejunostomy was performed. Codes 60-63 may include omentectomy among the organs/tissues removed. In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

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

^{***} Incidental splenectomy NOT included

Collaborative Staging Codes Small Intestine C17.0-C17.3, C17.8-C17.9

C17.0 Duodenum

C17.1 Jejunum

C17.2 Ileum (excludes ileocecal valve C18.0)

C17.3 Meckel diverticulum (site of neoplasm)

C17.8 Overlapping lesion of small intestine

C17.9 Small intestine, NOS

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

Small Intestine CS Tumor Size SEE STANDARD TABLE

Small Intestine

CS Extension

Note 1: Ignore intraluminal or lateral extension to adjacent segment(s) of small intestine and code depth of invasion or spread outside the small intestine as indicated.

Note 2: The nonperitonealized perimuscular tissue is, for jejunum and ileum, part of the mesentery and, for

duodenum in areas where serosa is lacking, part of the retroperitoneum.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
05	(Adeno)carcinoma in a polyp, noninvasive	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS, including intramucosal, NOS	T1	L	L
11	Invasion of lamina propria	T1	L	L
12	Invasion of muscularis mucosae	T1	L	L
13	Confined to head of polyp	T1	L	L
14	Confined to stalk of polyp	T1	L	L
15	Invasion of polyp, NOS	T1	L	L
16	Invasion of submucosa (superficial invasion)	T1	L	L
20	Muscularis propria invaded	T2	L	L

30	Localized, NOS Intraluminal spread to other segments of small intestine or cecum	T1	L	L
40	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Subserosal tissue/(sub) serosal fat invaded Transmural, NOS	Т3	L	L
42	Fat, NOS	Т3	RE	RE
45	Adjacent connective tissue Mesentery, including mesenteric fat, invaded less than or equal to 2 cm in depth or NOS Nonperitonealized perimuscular tissue invaded less than or equal to 2 cm in depth or NOS Retroperitoneum invaded less than or equal to 2 cm in depth or NOS	Т3	RE	RE
50	Invasion of/through serosa(mesothelium)(tunica serosa) (visceral peritoneum)	T4	L	RE
55	(50) + [(42) or (45)]	T4	RE	RE
60	For duodenum primary only: Ampulla of Vater Diaphragm Extrahepatic bile ducts Gallbladder Pancreas Pancreatic duct	T4	RE	RE
65	For duodenum primary only: Blood vessel(s), major: Aorta Gastroduodenal artery Portal vein Renal vein Superior mesenteric artery or vein Vena cava Greater omentum Hepatic flexure Kidney, NOS Kidney, right Liver, NOS Liver, quadrate lobe Liver, right lobe Omentum, NOS Transverse colon Ureter, right For jejunum or ileum primary only: Colon, including appendix	T4	RE	RE
66	For duodenum primary only: Stomach	T4	RE	RE

67	For all small intestine sites: Abdominal wall Mesentery invaded greater than 2 cm in depth Non-peritonealized perimuscular tissue invaded greater than 2 cm in depth Retroperitoneum invaded greater than 2 cm in depth	T4	RE	RE
68	For all small intestine sites: Other segments of the small intestine via serosa	T4	RE	RE
70	For jejunum or ileum primary only: Bladder Fallopian tube Ovary Uterus	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Small Intestine CS TS/Ext-Eval SEE STANDARD TABLE

Small Intestine

CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): For duodenum primaries only: Duodenal Gastroduodenal Hepatic Infrapyloric (subpyloric) Pancreaticoduodenal Pyloric For jejunum or ileum primaries only: Ileocolic for terminal ileum primary Mesenteric, NOS Posterior cecal (retrocecal) for terminal ileum primary Superior mesenteric	N1	RN	RN
20	Regional lymph node(s) for duodenum primaries only: Pericholodochal (common bile duct) Superior mesenteric (See code 11 in CS Mets at DX for other lymph nodes of of small intestine)	N1	D	RN
30	Regional lymph node(s), NOS	N1	RN	RN

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

Small Intestine CS Reg Nodes Eval SEE STANDARD TABLE

Small Intestine Reg LN Pos SEE STANDARD TABLE

Small Intestine Reg LN Exam SEE STANDARD TABLE

Small Intestine CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), other than those listed in code 11 including celiac lymph node(s) Distant lymph node(s), NOS	M1	D	D
11	For jejunum and ileum primaries only: Pericholodochal (For duodenal primary, see Lymph Nodes field)	M1	D	RN
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) or (11)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Small Intestine CS Mets Eval SEE STANDARD TABLE

Small Intestine

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Small Intestine

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Small Intestine

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Small Intestine

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Small Intestine

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Small Intestine

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Site-Specific Surgery Codes

All Other Sites

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

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

- 30 Simple/partial surgical removal of primary site
- 40 **Total surgical removal** of primary site; enucleation 41 Total enucleation (for eye surgery only)
- Surgery stated to be "**debulking**"
- 60 Radical surgery

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

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

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

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SEER Site-Specific Coding Guidelines COLON C180–C189

Grade

Colon cancer is often graded using a two-grade system; Low Grade (2) or High Grade (4). If the grade is listed as 1/2 or as low grade, convert to a grade 2. If the grade is listed as 2/2 or as high grade, convert to a code 4.

Code the highest grade given.

Term	Grade	SEER Code
Well differentiated	I	1
Fairly well differentiated	II	2
Low grade	I-II	2
Mid differentiated	II	2
Moderately differentiated	II	2
Partially differentiated	II	2
Partially well differentiated	I-II	2
Partially well differentiated	II	2
Relatively or generally well differentiated	II	2
Medium grade, intermediate grade	II-III	3
Moderately poorly differentiated	III	3
Moderately undifferentiated	III	3
Pleomorphic	III	3
Poorly differentiated	III	3
Relatively poorly differentiated	III	3
Relatively undifferentiated	III	3
Slightly differentiated	III	3
High grade	III-IV	4
Undifferentiated, anaplastic, not differentiated	IV	4

Familial Polyposis

Familial polyposis is an inherited, benign disease. The patients have hundreds of adenomatous polyps throughout their large intestines, and at times, throughout the digestive system. These polyps, if left untreated, invariably develop cancer.

Patients develop polyps as early as ten years of age, but more commonly at puberty. Approximately half of all patients with familial polyposis develop polyps by age 14 and 90% have detectable polyps by age 25.

These patients are usually treated with a colectomy. The pathology report will frequently identify carcinoma insitu in many of the polyps and may also identify invasive carcinomas. Prepare one abstract and code the primary site to colon, NOS (C189). Code the stage of disease using the most invasive of the cancers.

Synonyms for familial polyposis:

Adenomatosis of the colon and rectum (ACR) Familial adenomatous colon polyposis Familial adenomatous polyposis (FAP) Familial colonic polyposis Multiple familial polyposis Polyposis coli

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Collaborative Staging Codes

Colon

C18.0-C18.9

C18.0 Cecum

C18.1 Appendix

C18.2 Ascending colon

C18.3 Hepatic flexure of colon

C18.4 Transverse colon

C18.5 Splenic flexure of colon

C18.6 Descending colon

C18.7 Sigmoid colon

C18.8 Overlapping lesion of colon

C18.9 Colon, NOS

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

Colon

CS Tumor Size

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
998	Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Not documented in patient record

Colon

CS Extension

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

Note 2: A tumor nodule in the pericolic adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it should be coded in CS Extension as code 45.

Note 3: Codes 60-80 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
05	(Adeno)carcinoma in a polyp or adenoma, noninvasive	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	Tis	L	L
11	Lamina propria, including lamina propria in the stalk of a polyp	T1	L	L
12	Muscularis mucosae, including muscularis mucosae in the stalk of a polyp	T1	L	L
13	Confined to head of polyp, NOS	T1	L	L
14	Confined to stalk of polyp, NOS	T1	L	L
15	Invasive tumor in polyp, NOS	T1	L	L
16	Invades submucosa (superficial invasion), including submucosa in the stalk of a polyp	T1	L	L
20	Muscularis propria invaded	T2	L	L
30	Localized, NOS Confined to colon, NOS	T1	L	L
40	Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS Non-peritonealized pericolic tissues invaded Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Transmural, NOS	Т3	L	L
42	Fat, NOS	Т3	RE	RE
45	Extension to: All colon sites: Adjacent tissue(s), NOS Connective tissue Mesenteric fat Mesentery Mesocolon Pericolic fat Ascending and descending colon Retroperitoneal fat Transverse colon/flexures Gastrocolic ligament Greater omentum	Т3	RE	RE

46	Adherent to other organs or structures, but no microscopic tumor found in adhesion(s)	Т3	RE	RE
50	Invasion of/through serosa (mesothelium) (visceral peritoneum)	T4	RE	RE
55	Any of [(42) to (45)] + (50)	T4	RE	RE
57	Adherent to other organs or structures, NOS	T4	RE	RE
60	All colon sites: Small intestine Cecum and appendix: Greater omentum Ascending colon: Greater omentum Liver, right lobe Tranverse colon and flexures: Gallbladder/bile ducts Kidney Liver Pancreas Spleen Stomach Descending colon: Greater omentum Pelvic wall Spleen Sigmoid colon: Greater omentum Pelvic wall	T4	RE	RE
65	All colon sites: Abdominal wall Retroperitoneum (excluding fat)	T4	RE	RE
66	Ascending colon: Right kidney Right ureter Descending colon: Left kidney Left ureter	T4	RE	RE
70	Cecum, appendix, ascending, descending and sigmoid colon: Fallopian tube Ovary Uterus	T4	D	D
75	All colon sites unless otherwise stated above: Adrenal (suprarenal) gland Bladder Diaphragm Fistula to skin Gallbladder Other segment(s) of colon via serosa	T4	D	D
80	Further contiguous extension: Cecum and appendix: Kidney Liver	T4	D	D

	Ureter Transverse colon and flexures: Ureter Sigmoid colon: Cul de sac (rectouterine pouch) Ureter Other contiguous extension			
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Colon CS TS/Ext-Eval SEE STANDARD TABLE

Colon

CS Lymph Nodes

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

Note 2: A tumor nodule in the pericolic adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it should be coded in CS Extension as code 45.

Note 3: Inferior mesenteric nodes are coded in CS Mets at DX for cecum, appendix, ascending colon, transverse colon, and hepatic flexure. Superior mesenteric nodes are coded in CS Mets at DX for all colon sites.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s) for all colon sites: Colic (NOS) Epicolic (adjacent to bowel wall) Mesocolic (NOS) Paracolic/pericolic Nodule(s) or foci in pericolic fat/adjacent mesentery/ mesocolic fat	*	RN	RN
20	Regional lymph node(s), for specific subsites: Cecum and appendix: Cecal: anterior (prececal), posterior (retrocecal); NOS Ileocolic Right colic Ascending colon: Ileocolic Middle colic Right colic Transverse colon and flexures: Inferior mesenteric for splenic flexure only Left colic for splenic flexure only Middle colic Right colic for hepatic flexure only Descending colon: Inferior mesenteric	*	RN	RN

20, cont'd	Left colic Sigmoid Sigmoid colon: Inferior mesenteric Sigmoidal (sigmoid mesenteric) Superior hemorrhoidal Superior rectal			
30	Regional lymph node(s) for all colon sites: Mesenteric, NOS Regional lymph node(s), NOS	*	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For codes 10-80 ONLY, the N category is assigned based on the value of Reg LN Pos, using the Lymph Nodes Number Positive Table for this site.

Colon CS Reg Nodes Eval SEE STANDARD TABLE

Colon Reg LN Pos SEE STANDARD TABLE

Colon Reg LN Exam SEE STANDARD TABLE

Colon

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
08	Cecum, appendix, ascending, hepatic flexure and transverse colon: Superior mesenteric lymph node(s)	M1	RN	D
10	Distant lymph node(s) other than code 08 For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, appendix, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	M1	D	D

40	Distant metastases except distant lymph node(s) (codes 08-10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + [(08) or (10)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Colon

CS Mets Eval

SEE STANDARD TABLE

Colon

CS Site-Specific Factor 1 Carcinoembryonic Antigen (CEA)

	pecific ractor rear emocripity office rantigen (CERA)
Code	Description
000	Test not done
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
999	Unknown or no information Not documented in patient record

Colon

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Colon

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Colon

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Colon

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Colon

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Site-Specific Surgery Codes

Colon

C180-C189

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

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294)

Codes

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

No specimen sent to pathology from surgical events 10–14

- 20 Local tumor excision, NOS
 - 27 Excisional biopsy
 - 26 Polypectomy, NOS
 - 28 Polypectomy-endoscopic
 - 29 Polypectomy-surgical excision

Any combination of 20 or 26-29 WITH

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

[SEER Note: Codes 21 to 25 above combine 20 Local tumor excision, 27 Excisional biopsy, 26 Polypectomy, NOS, 28 Polypectomy-endoscopic or 29 Polypectomy-surgical excision WITH 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]

Specimen sent to **pathology** from surgical events 20–29

- 30 **Partial colectomy**, [but less than hemicolectomy] **segmental** resection
 - 32 Plus resection of contiguous organ; example: small bowel, bladder

[SEER Note: Codes 30 and 32 include but are not limited to: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection, such as cecectomy or sigmoidectomy. Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ.]

- 40 **Subtotal colectomy/hemicolectomy** (total right or left colon and a portion of transverse colon)
 - 41 Plus resection of contiguous organ; example: small bowel, bladder

[SEER Notes: Code 40 includes extended (but less than total) right or left colectomy Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

- Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)
 - 51 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)

[SEER Note: Commonly used for familial polyposis or polyposis coli]

61 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

Colectomy or coloproctotectomy with resection of contiguous organ(s), NOS (where there is not enough information to code 32, 41, 51, or 61)

Code 70 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in

code 70 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration.

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

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

Collaborative Staging Codes Rectosigmoid, Rectum C19.9, C20.9

C19.9 Rectosigmoid junction C20.9 Rectum, NOS

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

Rectosigmoid, Rectum

CS Tumor Size

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only; no size given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
998	Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Not documented in patient record

Rectosigmoid, Rectum

CS Extension

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

Note 2: A tumor nodule in the pericolic adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it should be coded in CS Extension as code 45.

Note 3: Codes 60-80 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
05	(Adeno)carcinoma in a polyp or adenoma, noninvasive	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS, including intramucosal, NOS	Tis	L	L
11	Lamina propria, including lamina propria in the stalk of a polyp	Tis	L	L
12	Muscularis mucosae, including muscularis mucosae in the stalk of a polyp	T1	L	L
13	Confined to head of polyp, NOS	T1	L	L
14	Confined to stalk of polyp, NOS	T1	L	L
15	Invasive tumor in polyp, NOS	T1	L	L
16	Submucosa (superficial invasion), including submucosa in the stalk of a polyp	T1	L	L
20	Muscularis propria invaded	T2	L	L
30	Localized, NOS Confined to rectum, NOS	TX	L	L
40	Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Non-peritonealized pericolic tissues invaded Transmural, NOS	Т3	L	L
42	Fat, NOS	Т3	RE	RE
45	Adjacent (connective) tissue: For all sites: Perirectal fat For rectosigmoid: Mesentery (including mesenteric fat, mesocolon) Pericolic fat For rectum: Extension to anus Rectovaginal septum	Т3	RE	RE
46	Adherent to other organs or structures but no tumor found in adhesion(s)	Т3	RE	RE

50	Invasion of/through serosa (mesothelium) (visceral peritoneum)	T4	RE	RE
55	(50) with [(42) or (45)]	T4	RE	RE
57	Adherent to other organs or structures, NOS	T4	RE	RE
60	Rectosigmoid: Cul de sac (rectouterine pouch) Pelvic wall Small intestine Rectum: Bladder for males only Cul de sac (rectouterine pouch) Ductus deferens Pelvic wall Prostate Rectovesical fascia for male only Seminal vesicle(s) Skeletal muscle of pelvic floor Vagina	T4	RE	RE
70	Rectosigmoid: Bladder Colon via serosa Fallopian tube(s) Ovary(ies) Prostate Ureter(s) Uterus Rectum: Bladder for female only Bone(s) of pelvis Urethra Uterus	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Rectosigmoid, Rectum CS TS/Ext-Eval SEE STANDARD TABLE

Rectosigmoid, Rectum

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX. **Note 2:** A tumor nodule in the perirectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it should

be coded in CS Extension as code 45.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Rectosigmoid: Paracolic/pericolic Perirectal Rectal Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat Rectum: Perirectal Rectal, NOS Nodule(s) or foci in perirectal fat	*	RN	RN
20	Regional lymph node(s): Rectosigmoid: Colic, NOS Left colic Hemorrhoidal, superior or middle Inferior mesenteric Middle rectal Sigmoidal (sigmoid mesenteric) Superior rectal Rectum: Hemorrhoidal, superior, middle or inferior Inferior mesenteric Internal iliac (hypogastric) Obturator Rectal, superior, middle, or inferior Sacral, NOS Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Sacral promotory Sigmoidal (sigmoid mesenteric)	*	RN	RN
30	Mesenteric, NOS Regional lymph node(s), NOS	*	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

^{*} For Lymph Nodes codes 10-80 ONLY, the N category is assigned based on the value of Reg LN Pos, using the Lymph Nodes Number Positive Table for this site:

Rectosigmoid, Rectum CS Reg Nodes Eval SEE STANDARD TABLE

Rectosigmoid, Rectum Reg LN Pos SEE STANDARD TABLE

Rectosigmoid, Rectum Reg LN Exam SEE STANDARD TABLE

Rectosigmoid, Rectum CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	D	D
11	Rectosigmoid: Internal iliac (hypogastric) Obturator	M1	RN	D
12	Other distant lymph node(s), including external iliac or common iliac	M1	D	D
40	Distant metastases except distant lymph node(s) codes 10-12 Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) to (12)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Rectosigmoid, Rectum CS Mets Eval SEE STANDARD TABLE

Rectosigmoid, Rectum

CS Site-Specific Factor 1 Carcinoembryonic Antigen (CEA)

Note: The Site-Specific Factors section includes factors that are needed to derive TNM or AJCC stage and also includes items that are considered important but are not needed for AJCC. This includes prognostic and predictive factors and tumor markers. There are many sites for which there are no Site-Specific Factors required at this time.

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

Rectosigmoid, Rectum

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Rectosigmoid, Rectum

CS Site-Specific Factor 3

 C ~ ~ ~ ~	2001110 1 110001 0
Code	Description
888	Not applicable for this site

Rectosigmoid, Rectum

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Rectosigmoid, Rectum

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Rectosigmoid, Rectum

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes

Anus

Anal Canal; Anus, NOS; Other Parts of Rectum C21.0-C21.2, C21.8

C21.0 Anus, NOS (excludes skin of anus and perianal skin C44.5)

C21.1 Anal canal

C21.2 Cloacogenic zone

C21.8 Overlapping lesion of rectum, anus and anal canal

Note: Skin of anus is coded separately (C44.5).

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

Anus

CS Tumor Size

SEE STANDARD TABLE

Anus

CS Extension

Note: Codes 60-80 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	*	L	L
11	Invades lamina propria	*	L	L
12	Invades muscularis mucosae	*	L	L
16	Invades submucosa (superficial invasion)	*	L	L
2	Invades muscularis propria (internal sphincter)	*	L	L
30	Localized, NOS	*	L	L
40	Ischiorectal fat/tissue Perianal skin Perirectal skin Rectal mucosa or submucosa Rectal wall Skeletal muscles: Anal sphincter (external) Levator ani Subcutaneous perianal tissue	*	RE	RE

60	Perineum Vulva	Т4	RE	RE
70	Bladder Pelvic peritoneum Urethra Vagina	T4	D	D
75	Broad ligament(s) Cervix uteri Corpus uteri Prostate	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

^{*} For codes 10-40 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Anus CS TS/Ext-Eval SEE STANDARD TABLE

Anus

CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Unilateral and bilateral: For all subsites: Anorectal Inferior hemorrhoidal Lateral sacral (laterosacral) Perirectal	N1	RN	RN
20	Unilateral: For anal canal: Internal iliac (hypogastric) Obturator	N2	RN	RN
21	Unilateral: For anus: Internal iliac (hypogastric) Obturator	N2	D	RN
30	Unilateral: For anal canal: Superficial inguinal (femoral)	N2	RN	RN

31	Unilateral: For anus: Superficial inguinal (femoral)	N2	D	RN
40	(20) + (30)	N2	RN	RN
41	(10) + (30)	N3	RN	RN
42	(10) + (31)	N3	D	RN
50	Bilateral: For anal canal: Internal iliac (hypogastric) Obturator Superficial inguinal (femoral)	N3	RN	RN
51	Bilateral: For anus: Internal iliac (hypogastric) Obturator Superficial inguinal (femoral)	N3	D	RN
60	Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Anus CS Reg Nodes Eval SEE STANDARD TABLE

Anus Reg LN Pos SEE STANDARD TABLE

Anus Reg LN Exam SEE STANDARD TABLE

Anus CS Mets at DX SEE STANDARD TABLE

Anus CS Mets Eval SEE STANDARD TABLE

Anus

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Anus

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Anus

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Anus

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Anus

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Anus

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes Rectosigmoid C199

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

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294)

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Combination of 20 or 26-27 WITH

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

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

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

- Wedge or segmental resection; partial proctosigmoidectomy, NOS
 - 31 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded 30 include, but are not limited to:

Anterior resection

Hartmann operation

Low anterior resection (LAR)

Partial colectomy, NOS

Rectosigmoidectomy, NOS

Sigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)

[**SEER Note:** Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation]

50 Total proctectomy

[SEER Note: Procedures coded 50 include but are not limited to: Abdominoperineal resection (A & P resection), anterior/posterior resection (A/P resection)/Miles' operation, Rankin's operation]

51 Total colectomy

[SEER Note: Removal of the colon from cecum to rectosigmoid or portion of rectum]

- 55 Total colectomy WITH ileostomy, NOS
 - 56 Ileorectal reconstruction
 - 57 Total colectomy WITH other pouch; example: Koch pouch
- Total proctocolectomy, NOS [combination of 50 and 51]
 - Total proctocolectomy WITH ileostomy, NOS
 - 66 Total proctocolectomy WITH ileostomy and pouch

[SEER Note: Removal of the colon from cecum to the rectosigmoid junction including the entire rectum.]

70 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration

[SEER Notes: Procedures that may be part of an en bloc resection include, but are not limited to: an oophorectomy and a rectal mucosectomy. Code 70 includes any colectomy (partial, hemicolectomy or total) with an en bloc resection of any other organs. There may be partial or total removal of other organs in continuity with the primary. In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

- 80 Colectomy, NOS; Proctectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes Rectum C209

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

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294)

Codes

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

No specimen sent to pathology from surgical events 10-14

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

Any combination of 20 or 26-27 WITH

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

[**SEER Note:** Codes 21 to 25 and 28 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, 25 Laser excision, or 28 Curette and fulguration]

Specimen sent to **pathology** from surgical events 20–28

Wedge or segmental resection; partial proctectomy, NOS

Procedures coded 30 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR)

Transsacral rectosigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)

[**SEER Note:** Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation]

- 50 Total proctectomy
 - Procedure coded 50 includes, but is not limited to: Abdominoperineal resection (Miles Procedure)
 - [**SEER Note:** Also called A & P resection, anterior/posterior (A/P) resection/Miles' operation, Rankin's operation]
- 60 Total proctocolectomy, NOS
- 70 Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration
 - [SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]
- 80 Proctectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes

Anus

C210-C218

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

Codes

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

No specimen sent to pathology from surgical events 10–15

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

Any combination of 20 or 26-27 WITH

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

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

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

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

- 60 **Abdominal perineal resection**, NOS (APR; Miles procedure)
 - APR and sentinel node excision
 - 62 APR and unilateral inguinal lymph node dissection
 - APR and bilateral inguinal lymph node dissection

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

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

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Collaborative Staging Codes Liver and Intrahepatic Bile Ducts C22.0-C22.1

C22.0 Liver

C22.1 Intrahepatic bile duct

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

Liver and Intrahepatic Bile Ducts CS Tumor Size SEE STANDARD TABLE

Liver and Intrahepatic Bile Ducts

CS Extension

Note 1: In codes 30, 40, and 65, "multiple (satellite) nodules/tumors" includes satellitosis, multifocal tumors, and intrahepatic metastases.

Note 2: Major vascular invasion (code 63) is defined as invasion of the branches of the main portal vein (right or left portal vein, not including sectoral or segmental branches) or as invasion of one or more of the three hepatic veins (right, middle, or left). Invasion of hepatic artery or vein is coded to 66.

Code	Description	TNM	SS77	SS2000
10	Single lesion (one lobe) WITHOUT intrahepatic vascular invasion, including vascular invasion not stated	T1	L	L
20	Single lesion (one lobe) WITH intrahepatic vascular invasion	T2	L	L
30	Multiple (satellite) nodules/tumors (one lobe) WITHOUT intrahepatic vascular invasion, including vascular invasion not stated	*	L	L
40	Multiple (satellite) nodules/tumors (one lobe) WITH intrahepatic vascular invasion	*	L	L
50	Confined to liver, NOS Localized, NOS	T1	L	L
51	More than one lobe involved by contiguous growth (single lesion) WITHOUT vascular invasion, including vascular invasion not stated	T1	RE	RE
52	More than one lobe involved by contiguous growth (single lesion) WITH vascular invasion	T2	RE	RE
53	Extension to gallbladder, extent within liver not stated	T1	RE	RE
54	Single lesion with extension to gallbladder + [(10) or (51)]	T1	RE	RE

Single lesion with extension to gallbladder + [(20) or (52)]	T2	RE	RE
Extension to gallbladder + [(30) or (40)]	*	RE	RE
Extrahepatic bile ducts	T2	RE	RE
Major vascular invasion: major branch(es) of portal or hepatic vein(s) (see Note 2)	Т3	RE	RE
Direct extension/perforation of visceral peritoneum	T4	RE	RE
Multiple (satellite) nodules/tumors in more than one lobe of liver or on surface of parenchyma Satellite nodules, NOS	*	D	RE
Extension to hepatic artery or vena cava	T4	RE	RE
Diaphragm	T4	RE	RE
Lesser omentum Ligament(s): Coronary Falciform Round [of liver] Hepatoduodenal Hepatogastric Triangular Parietal peritoneum	T4	RE	RE
(65) + any of [(64) or (66) or (70) or (75)]	T4	D	RE
Further contiguous extension: Pancreas Pleura Stomach Other contiguous extension	T4	D	D
No evidence of primary tumor	ТО	U	U
Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
	Extension to gallbladder + [(30) or (40)] Extrahepatic bile ducts Major vascular invasion: major branch(es) of portal or hepatic vein(s) (see Note 2) Direct extension/perforation of visceral peritoneum Multiple (satellite) nodules/tumors in more than one lobe of liver or on surface of parenchyma Satellite nodules, NOS Extension to hepatic artery or vena cava Diaphragm Lesser omentum Ligament(s): Coronary Falciform Round [of liver] Hepatoduodenal Hepatoduodenal Hepatogastric Triangular Parietal peritoneum (65) + any of [(64) or (66) or (70) or (75)] Further contiguous extension: Pancreas Pleura Stomach Other contiguous extension No evidence of primary tumor Unknown extension Primary tumor cannot be assessed	Extension to gallbladder + [(30) or (40)] Extrahepatic bile ducts Major vascular invasion: major branch(es) of portal or hepatic vein(s) (see Note 2) Direct extension/perforation of visceral peritoneum Multiple (satellite) nodules/tumors in more than one lobe of liver or on surface of parenchyma Satellite nodules, NOS Extension to hepatic artery or vena cava T4 Diaphragm Lesser omentum Ligament(s): Coronary Falciform Round [of liver] Hepatoduodenal Hepatogastric Triangular Parietal peritoneum (65) + any of [(64) or (66) or (70) or (75)] T4 Further contiguous extension: Pancreas Pleura Stomach Other contiguous extension No evidence of primary tumor Unknown extension Primary tumor cannot be assessed	Extension to gallbladder + [(30) or (40)]

^{*} For Extension codes 30, 40, 56, and 65 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Liver and Intrahepatic Bile Ducts

CS TS/Ext-Eval

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	p

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

Liver and Intrahepatic Bile Ducts

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

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Hepatic NOS: Hepatic artery Hepatic pedicle Inferior vena cava Porta hepatis (hilar) [in hilus of liver] Hepatoduodenal ligament Periportal Portal vein Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Liver and Intrahepatic Bile Ducts CS Reg Nodes Eval SEE STANDARD TABLE

Liver and Intrahepatic Bile Ducts Reg LN Pos SEE STANDARD TABLE

Liver and Intrahepatic Bile Ducts Reg LN Exam SEE STANDARD TABLE

Liver and Intrahepatic Bile Ducts CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	D	D
11	Distant lymph node(s): Cardiac Lateral (aortic) (lumbar) Pericardial (pericardiac) Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes Retroperitoneal, NOS	M1	RN	D
12	Distant lymph node(s): Coronary artery Renal artery	M1	RN	D
13	Distant lymph node(s): Aortic (para-, peri-) Diaphragmatic, NOS Peripancreatic (near head of pancreas only)	M1	D	D
15	Distant lymph node(s) other than codes 10-13, including inferior phrenic nodes	M1	D	D
40	Distant metastasis except distant lymph node(s) (codes 10-15) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) or (11) or (15)] Distant lymph node(s) plus other distant metastases	M1	D	D
52	(40) + [(12) or (13)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Primary tumor cannot be assessed Not documented in patient record	MX	U	U

Liver and Intrahepatic Bile Ducts CS Mets Eval SEE STANDARD TABLE

Liver and Intrahepatic Bile Ducts

CS Site-Specific Factor 1 Alpha Fetoprotein (AFP)

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

Liver and Intrahepatic Bile Ducts

CS Site-Specific Factor 2 Fibrosis Score

Note: AJCC classifies fibrosis scores 0-4 (none to moderate fibrosis) as F0, and fibrosis scores 5-6 (severe fibrosis or cirrhosis) as F1. Fibrosis score is also called Ishak score.

Code	Description
000	F0: Fibrosis score 0-4 (none to moderate fibrosis)
001	F1: Fibrosis score 5-6 (severe fibrosis or cirrhosis)
999	Fibrosis score not recorded Insufficient information Not documented in patient record

Liver and Intrahepatic Bile Ducts

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Liver and Intrahepatic Bile Ducts

Code	Description
888	Not applicable for this site

Liver and Intrahepatic Bile Ducts

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Liver and Intrahepatic Bile Ducts CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes Liver and Intrahepatic Bile Ducts C220–C221

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

Codes

- 00 None; **no surgery** of primary site; **autopsy** ONLY
- 10 Local tumor destruction, NOS
 - 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser
 - 15 Alcohol (Percutaneous Ethanol Injection-PEI)
 - 16 Heat-Radio-frequency ablation (RFA)
 - 17 Other (ultrasound, acetic acid)

No specimen sent to pathology from surgical events 10–17

[**SEER Note:** Code 15 Alcohol (Percutaneous Ethanol Injection-PEI) can also be described as an "intratumoral injection of alcohol" or "alcohol ablation"]

- 20 Wedge or segmental resection, NOS
 - 21 Wedge resection
 - 22 Segmental resection, NOS
 - 23 One
 - 24 Two
 - 25 Three
 - 26 Segmental resection AND local tumor destruction

Specimen sent to **pathology** from surgical events 20–26

- 30 Lobectomy, NOS
 - 36 Right lobectomy
 - 37 Left lobectomy
 - 38 Lobectomy AND local tumor destruction

[**SEER Note:** Code 30 also referred to as simple lobectomy]

- 50 **Extended lobectomy**, NOS (extended: resection of a single lobe plus a segment of another lobe)
 - 51 Right lobectomy
 - 52 Left lobectomy
 - 59 Extended lobectomy AND local tumor destruction
- 60 Hepatectomy, NOS
 - Total hepatectomy and transplant
- 65 Excision of a bile duct (for an intrahepatic bile duct primary only)

66 Excision of a bile duct PLUS partial hepatectomy

- 75 Bile duct and hepatectomy WITH transplant
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

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Collaborative Staging Codes Gallbladder C23.9

C23.9 Gallbladder

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

Gallbladder CS Tumor Size SEE STANDARD TABLE

Gallbladder CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Lamina propria Mucosa, NOS Submucosa (superficial invasion)	T1a	L	L
20	Muscularis propria	T1b	L	L
30	Localized, NOS	TINOS	L	L
40	Perimuscular connective tissue	T2	RE	RE
50	Invasion of/through serosa (visceral peritoneum)	T3	L	RE
55	(40) + (50)	T3	RE	RE
60	Extension into liver, NOS	T3	RE	RE
61	Extension into liver less than or equal to 2 cm	T3	RE	RE
62	Extension to ONE of the following: Ampulla of Vater Duodenum Extrahepatic bile duct(s) Omentum, NOS Greater Lesser Pancreas Small intestine, NOS	Т3	RE	RE

65	Extension to ONE of the following WITHOUT extension to any structure in (62): Colon Stomach	Т3	RE	RE
66	Extension to cystic artery/vein WITHOUT extension to any structure in [(62) to (65)]	Т3	RE	D
67	[(60) or (61)] PLUS extension to ONE structure in codes [(62) to (65)]	Т3	RE	RE
68	(66) + [(60) or (61)]	Т3	RE	D
71	Extension into liver greater than 2 cm WITHOUT extension to any structure in codes [(62) to (66)]	Т3	D	D
72	Extension into liver greater than 2 cm PLUS extension to ONE structure in codes [(62) to (66)]	Т3	D	D
73	Extension to two or more structures in codes [(62) to (66)], WITH or WITHOUT extension into liver of any depth	T4	D	D
75	Extension to: Hepatic artery Portal vein	T4	RE	D
78	(75) + any of [(60) to (73)]	T4	D	D
80	Further contiguous extension, including: Abdominal wall Diaphragm	T4	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Gallbladder CS TS/Ext-Eval SEE STANDARD TABLE

Gallbladder

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX. Also note that celiac and superior mesenteric nodes are listed in this field rather than Mets at DX, because AJCC classifies them as N1 and not M1.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10 10 cont'd	Regional lymph node(s): Cystic duct (Calot's node) Node of foramen of Winslow (omental) (epiploic) Pericholedochal (common bile duct)	N1	RN	RN

11	Regional lymph node(s): Porta hepatis (portal) (periportal) (hilar) (in hilus of liver)	N1	D	RN
20	Regional lymph node(s): Pancreaticoduodenal	N1	RN	RN
21	Regional lymph node(s): Periduodenal Peripancreatic (near head of pancreas only)	N1	D	RN
25	(11) + (20)	N1	D	RN
30	Regional lymph node(s), NOS	N1	RN	RN
50	Celiac lymph node(s)	N1	D	D
60	Superior mesenteric lymph node(s)	N1	D	D
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Gallbladder CS Reg Nodes Eval SEE STANDARD TABLE

Gallbladder Reg LN Pos SEE STANDARD TABLE

Gallbladder Reg LN Exam SEE STANDARD TABLE

Gallbladder CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), including: Para-aortic Peripancreatic (along body and tail of pancreas only) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D

99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U	
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Gallbladder CS Mets Eval SEE STANDARD TABLE

Gallbladder

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Gallbladder

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Gallbladder

CS Site-Specific Factor 3

CB BILL-B	pecine ractor 5
Code	Description
888	Not applicable for this site

Gallbladder

CS Site-Specific Factor 4

CS Site S	pecific I actor I	
Code	Description	
888	Not applicable for this site	

Gallbladder

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Gallbladder

	r · · · · · · · · · · ·
Code	Description
888	Not applicable for this site

Collaborative Staging Codes Extrahepatic Bile Duct(s) C24.0

C24.0 Extrahepatic bile duct

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

Extrahepatic Bile Duct(s) CS Tumor Size SEE STANDARD TABLE

Extrahepatic Bile Duct(s) CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor of extrahepatic bile duct(s) (choledochal, common, cystic, and hepatic) confined to: Lamina propria Mucosa, NOS Submucosa (superficial invasion)	T1	L	L
20	Muscularis propria	T1	L	L
30	Localized, NOS	T1	L	L
40	Beyond wall of bile duct Periductal/fibromuscular connective tissue	T2	RE	RE
60	Gallbladder Liver, porta hepatis Pancreas	Т3	RE	RE
61	Unilateral branches of hepatic artery (right or left) Unilateral branches of portal vein (right or left)	Т3	RE	RE
65	Colon, NOS Transverse including flexure Duodenum, NOS Omentum, NOS Lesser Stomach, distal	T4	RE	RE
66	Common hepatic artery Hepatic artery, NOS Main main portal vein or its branches bilaterally Portal vein, NOS	Т4	RE	RE

70	Other parts of colon Greater omentum Stomach, proximal	Т4	D	RE
75	Abdominal wall	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Extrahepatic Bile Duct(s) CS TS/Ext-Eval SEE STANDARD TABLE

Extrahepatic Bile Duct(s)

CS Lymph Nodes

Note: Code only regional nodes and nodes, NOS, in this field.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
15	Regional lymph node(s): Cystic duct (node of the neck of the gallbladder) (Calot's node) Hepatic Hilar (in the hepatoduodenal ligament) Node of the foramen of Winslow (omental) (epiploic) Pancreaticoduodenal Pericholedochal (node around common bile duct) Periduodenal Peripancreatic (near head of pancreas only) Periportal Porta hepatis (portal) (hilar) (in hilus of liver) Regional lymph node(s), NOS	N1	RN	RN
35	Regional lymph node(s): Celiac Superior mesenteric	N1	D	D
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Extrahepatic Bile Duct(s) CS Reg Nodes Eval SEE STANDARD TABLE

Extrahepatic Bile Duct(s) Reg LN Pos SEE STANDARD TABLE

Extrahepatic Bile Duct(s) Reg LN Exam SEE STANDARD TABLE

Extrahepatic Bile Duct(s)

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) including: Para-aortic Peripancreatic (along body and tail of pancreas only) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastases, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patientrecord	MX	U	U

Extrahepatic Bile Duct(s) CS Mets Eval SEE STANDARD TABLE

Extrahepatic Bile Duct(s)

Code	Description
888	Not applicable for this site

Extrahepatic Bile Duct(s)

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Extrahepatic Bile Duct(s)

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Extrahepatic Bile Duct(s)

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Extrahepatic Bile Duct(s) CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Extrahepatic Bile Duct(s)

Code	Description
888	Not applicable for this site

Collaborative Staging Codes Ampulla of Vater C24.1

C24.1 Ampulla of Vater

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

Ampulla of Vater CS Tumor Size SEE STANDARD TABLE

Ampulla of Vater

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined/limited to ampulla of Vater or extending to sphincter of Oddi	T1	L	L
30	Localized, NOS	T1	L	L
42	Duodenal wall	T2	RE	RE
52	Pancreas	T3	RE	RE
62	Common bile duct	T4	RE	RE
65	Extrahepatic bile ducts other than common bile duct or sphincter of Oddi	T4	RE	RE
70	Extension to other adjacent organs or tissues: Blood vessels(major): Hepatic artery Portal vein Gallbladder Hepatic flexure Lesser omentum Liver including porta hepatis Peripancreatic soft tissues Stomach, NOS: Distal Transverse colon	T4	RE	RE
75	Stomach, proximal	T4	RE	D

80	Further contiguous extension Other adjacent organs	T4	D	D
95	No evidence of primary tumor	Т0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Ampulla of Vater CS TS/Ext-Eval SEE STANDARD TABLE

Ampulla of Vater

CS Lymph Nodes

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

Note 2: Splenic lymph nodes and those located at the tail of the pancreas are not considered regional and should be coded under Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Hepatic Hepatic artery Node of the foramen of Winslow (epiploic) (omental) Pancreaticoduodenal Peripancreatic (except at tail of pancreas, see CS Mets at DX) Periportal Lymph node(s): Anterior to the ampulla of Vater Inferior to the ampulla of Vater Posterior to the ampulla of Vater Superior to the ampulla of Vater Regional lymph node(s), NOS	N1	RN	RN
11	Regional lymph node(s): Celiac Infrapyloric (subpyloric) Lateral aortic (lumbar) Proximal mesenteric Retroperitoneal Superior mesenteric	N1	D	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Ampulla of Vater CS Reg Nodes Eval SEE STANDARD TABLE

Ampulla of Vater Reg LN Pos SEE STANDARD TABLE

Ampulla of Vater Reg LN Exam SEE STANDARD TABLE

Ampulla of Vater

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Node(s) at the tail of the pancreas Para-aortic Splenic lymph node(s) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis Distant metastasis, NOS (Includes seeding of peritoneum, even if limited to the lesser sac region; positive peritoneal cytology)	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patientrecord	MX	U	U

Ampulla of Vater CS Mets Eval SEE STANDARD TABLE

Ampulla of Vater

Code	Description
888	Not applicable for this site

Ampulla of Vater

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Ampulla of Vater

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Ampulla of Vater

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Ampulla of Vater

CS Site-Specific Factor 5

- 10 10 - 10 10	***
Code	Description
888	Not applicable for this site

Ampulla of Vater

Code	Description
888	Not applicable for this site

Collaborative Staging Codes Other Biliary and Biliary, NOS C24.8-C24.9

C24.8 Overlapping lesion of biliary tract (neoplasms involving both intrahepatic and extrahepatic bile ducts) C24.9 Biliary tract, NOS

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

Other Biliary and Biliary, NOS CS Tumor Size SEE STANDARD TABLE

Other Biliary and Biliary, NOS

CS Extension

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Lamina propria Mucosa, NOS Submucosa (superficial invasion)	T1	L	L
20	Muscularis propria	T1	L	L
30	Localized, NOS Tumor confined to bile duct	T1	L	L
40	Perimuscular connective tissue Tumor invades beyond the wall of the bile duct	T2	RE	RE
50	Invasion of/through serosa	T2	L	RE
55	(40) + (50)	T2	RE	RE
60	Extension into liver, NOS	Т3	RE	RE
61	Extension into liver less than or equal to 2 cm	Т3	RE	RE
62	Extension to ONE of the following: Ampulla of Vater Omentum, NOS Greater Lesser Pancreas Small intestine, NOS	Т3	RE	RE

63	Gallbladder Unilateral branches of the right or left portal vein Unilateral branches of the right or left hepatic artery	Т3	RE	RE
65	Extension to ONE of the following: Colon Stomach	T4	D	D
66	Abdominal wall Duodenum	T4	RE	RE
70	Extension into liver greater than 2 cm Extension to two or more adjacent organs listed in codes [(60) to (63)]	Т3	D	D
71	Extension to two or more adjacent organs any of which are in codes [(65) to (66)]	Т4	D	D
75	Common hepatic artery Cystic artery/vein Hepatic artery, NOS Portal vein or its branches bilaterally Portal vein, NOS	T4	RE	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Other Biliary and Biliary, NOS CS TS/Ext-Eval SEE STANDARD TABLE

Other Biliary and Biliary, NOS CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Cystic duct (Calot's node) Node of foramen of Winslow (epiploic) (omental) Pericholedochal (common bile duct)	N1	RN	RN
11	Regional lymph node(s): Porta hepatis (portal) (hilar) [in hilus of liver]	N1	D	RN
20	Regional lymph node(s): Pancreaticoduodenal Periportal	N1	RN	RN

21	Regional lymph node(s): Periduodenal Peripancreatic (near head of pancreas only)	N1	D	RN
30	Regional lymph node(s), NOS	N1	RN	RN
50	Celiac	N1	D	D
60	Superior mesenteric	N1	D	D
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Other Biliary and Biliary, NOS CS Reg Nodes Eval SEE STANDARD TABLE

Other Biliary and Biliary, NOS Reg LN Pos SEE STANDARD TABLE

Other Biliary and Biliary, NOS Reg LN Exam SEE STANDARD TABLE

Other Biliary and Biliary, NOS CS Mets at DX

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

Other Biliary and Biliary, NOS CS Mets Eval SEE STANDARD TABLE

Other Biliary and Biliary, NOS

CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Other Biliary and Biliary, NOS CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Other Biliary and Biliary, NOS

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Other Biliary and Biliary, NOS CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Other Biliary and Biliary, NOS

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Other Biliary and Biliary, NOS

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes

All Other Sites

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

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

- 30 Simple/partial surgical removal of primary site
- 40 **Total surgical removal** of primary site; enucleation
 - 41 Total enucleation (for eye surgery only)
- Surgery stated to be "**debulking**"
- 60 Radical surgery

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

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

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

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Collaborative Staging Codes

Pancreas: Head

C25.0

C25.0 Head of pancreas

Note: For tumors of the islet cells, determine which subsite of the pancreas is involved and use that primary site code and the corresponding Collaborative Stage scheme. If the subsite cannot be determined, use the general code for Islets of Langerhans, C25.4, and use the Collaborative Stage scheme for Pancreas, Other and Unspecified.

	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam	CS Site-Specific Factor 1 CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table
	es sue specime i actor o	Extension Size Tuois
CS Mets Eval		

Pancreas: Head CS Tumor Size

SEE STANDARD TABLE

Pancreas: Head CS Extension

Note 1: Islets of Langerhans are distributed throughout the pancreas, and therefore any extension code can be used.

Note 2: Codes 40-80 are used for contiguous extension of tumor from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive PanIn III Pancreatic Intraepithelial Neoplasia III	Tis	IS	IS
10	Confined to pancreas	*	L	L
30	Localized, NOS	*	L	L
40	Extension to peripancreatic tissue, NOS Fixation to adjacent structures, NOS	Т3	RE	RE
44	Ampulla of Vater Duodenum Extrahepatic bile duct(s)	Т3	RE	RE
50	Adjacent stomach Stomach, NOS	Т3	RE	RE
54	Blood vessel(s) (major): Gastroduodenal artery Hepatic artery Pancreaticoduodenal artery Portal vein Superior mesenteric artery Transverse colon, including hepatic flexure	Т3	RE	RE

55	Mesenteric fat Mesentery Mesocolon Peritoneum	Т3	RE	D
57	Gallbladder	Т3	RE	D
58	Body of stomach	Т3	D	RE
59	(58) + [(55) or (57)]	Т3	D	D
60	Tumor is inseparable from the superior mesenteric artery Superior mesenteric artery	Т4	RE	RE
61	Omentum	T4	RE	D
63	Liver (including porta hepatis)	T4	RE	D
65	(60) + [(55) or (57)]	T4	RE	D
66	(60) + (58)	T4	D	RE
67	(60 + 59) OR any of [(61 to 65)] + [(58) or (59)] OR (66) + any of [(55) or (57) or (59) or (61) or (63) or (65)]	T4	D	D
68	Tumor is inseparable from the celiac axis Aorta Celiac artery	T4	D	D
69	Colon (other than transverse colon including hepatic flexure) Spleen	T4	D	D
78	Adrenal (suprarenal) gland Ileum Jejunum Kidney Retroperitoneum Ureter	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record tension codes 10 and 30 ONLY, the T category is assigned based on the	TX	U	U

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

Pancreas: Head CS TS/Ext-Eval

SEE STANDARD TABLE

Pancreas: Head CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Celiac Gastroepiploic (gastro-omental), left Hepatic Infrapyloric (subpyloric) Lateral aortic (lumbar) Peripancreatic, NOS: Anterior, NOS: Anterior pancreaticoduodenal Anterior proximal mesenteric Pyloric Inferior to the head and body of pancreas Posterior, NOS: Pericholedochal (common bile duct) Posterior pancreaticoduodenal Posterior proximal mesentery Superior to the head and body of pancreas Retroperitoneal Superior mesenteric Regional lymph node(s), NOS	N1	RN	RN
20	Pancreaticosplenic (pancreaticolienal) Splenic (lienal), NOS Superior hilum Suprapancreatic	N1	D	D
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Pancreas: Head CS Reg Nodes Eval SEE STANDARD TABLE

Pancreas: Head Reg LN Pos

SEE STANDARD TABLE

Pancreas: Head Reg LN Exam

SEE STANDARD TABLE

Pancreas: Head CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS (includes seeding of peritoneum, even if limited to the lesser sac region; positive peritoneal cytology) Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Pancreas: Head CS Mets Eval

SEE STANDARD TABLE

Pancreas: Head

CS Site-Specific Factor 1

	Specific 1 uctor 1	
Code	Description	
888	Not applicable for this site	

Pancreas: Head

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Pancreas: Head

CS Site-Specific Factor 3

0.0.0000	·	
Code	Description	
888	Not applicable for this site	

Pancreas: Head

	pecific I actor I	
Code	Description	
888	Not applicable for this site	

Pancreas: Head

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Pancreas: Head

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes Pancreas: Body and Tail

C25.1-C25.2

C25.1 Body of pancreas

C25.2 Tail of pancreas

Note: For tumors of the islet cells, determine which subsite of the pancreas is involved and use that primary site code and corresponding the Collaborative Stage scheme. If the subsite cannot be determined, use the general code for Islets of Langerhans, C25.4, and use the Collaborative Stage scheme for Pancreas, Other and Unspecified.

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

Pancreas: Body and Tail

CS Tumor Size

SEE STANDARD TABLE

Pancreas: Body and Tail

CS Extension

Note 1: Islets of Langerhans are distributed throughout the pancreas, and therefore any extension code can be used.

Note 2: Codes 40-80 are used for contiguous extension of tumor from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive PanIn III Pancreatic Intraepithelial Neoplasia III	Tis	IS	IS
10	Confined to pancreas	*	L	L
30	Localized, NOS	*	L	L
40	Extension to peripancreatic tissue, NOS Fixation to adjacent structures, NOS	Т3	RE	RE
44	Duodenum	Т3	RE	RE
48	Ampulla of Vater Extrahepatic bile duct(s)	Т3	RE	RE
50	Spleen	Т3	RE	RE
56	Blood vessel(s): Hepatic artery Portal vein Splenic artery/vein Superior mesenteric vein Splenic flexure of colon	Т3	RE	RE

57	Kidney, NOS Left adrenal (suprarenal) gland Left kidney Left ureter	Т3	RE	D
58	Mesenteric fat Mesentery Mesocolon Peritoneum	Т3	RE	D
59	Retroperitoneal soft tissue (retroperitoneal space)	Т3	D	D
60	Tumor is inseparable from the celiac axis or superior mesenteric artery Aorta Celiac artery Superior mesenteric artery	T4	RE	RE
62	Stomach	T4	RE	RE
70	[(60) or (62)] + [(57) or (58)]	T4	RE	D
71	Ileum Jejunum	T4	RE	D
73	Gallbladder Liver (including porta hepatis)	T4	RE	D
75	(59) + any of [(60) or (62) or (71) or (73)]	T4	D	D
77	Colon (other than splenic flexure)	T4	D	D
78	Diaphragm Right adrenal (suprarenal) gland Right kidney Right ureter	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	ТО	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

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

Pancreas: Body and Tail

CS TS/Ext-Eval

SEE STANDARD TABLE

Pancreas: Body and Tail

CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Hepatic Lateral aortic (lumbar) Pancreaticosplenic (pancreaticolienal) Peripancreatic, NOS: Anterior, NOS: Anterior pancreaticoduodenal Anterior proximal mesenteric Pyloric Inferior to the head and body of pancreas Posterior, NOS: Pericholedochal (common bile duct) Posterior pancreaticoduodenal Posterior proximal mesentery Superior to the head and body of pancreas Retroperitoneal Splenic (lienal) Gastroepiploic Splenic hilum Suprapancreatic Superior mesenteric Regional lymph node(s), NOS	N1	RN	RN
20	Regional lymph node(s): Celiac Infrapyloric (subpyloric)	N1	D	D
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Pancreas: Body and Tail CS Reg Nodes Eval SEE STANDARD TABLE

Pancreas: Body and Tail

Reg LN Pos

SEE STANDARD TABLE

Pancreas: Body and Tail

Reg LN Exam

SEE STANDARD TABLE

Pancreas: Body and Tail

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS (includes seeding of peritoneum, even if limited to the lesser sac region; positive peritoneal cytology) Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Pancreas: Body and Tail

CS Mets Eval

SEE STANDARD TABLE

Pancreas: Body and Tail CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Pancreas: Body and Tail CS Site-Specific Factor 2

	*** ······- =
Code	Description
888	Not applicable for this site

Pancreas: Body and Tail CS Site-Specific Factor 3

CS Site-Specific 1 actor 5		peeme 1 actor 5
	Code	Description
	888	Not applicable for this site

Pancreas: Body and Tail CS Site-Specific Factor 4

	pecific i detti i
Code	Description
888	Not applicable for this site

Pancreas: Body and Tail CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Pancreas: Body and Tail CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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Collaborative Staging Codes Pancreas: Other and Unspecified C25.3-C25.4, C25.7-C25.9

C25.3 Pancreatic duct

C25.4 Islets of Langerhans

C25.7 Other specified parts of pancreas

C25.8 Overlapping lesion of pancreas

C25.9 Pancreas, NOS

Note: For tumors of the islet cells, determine which subsite of the pancreas is involved and use that primary site code and the corresponding Collaborative Stage scheme. If the subsite cannot be determined, use the general code for Islets of Langerhans, C25.4, and use the Collaborative Stage scheme for Pancreas, Other and Unspecified.

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

Pancreas: Other and Unspecified

CS Tumor Size

SEE STANDARD TABLE

Pancreas: Other and Unspecified

CS Extension

Note 1: Islets of Langerhans are distributed throughout the pancreas, and, therefore, any extension code can be used.

Note 2: Codes 40-80 are used for contiguous extension of tumor from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive PanIn III Pancreatic intraepithelial neoplasia III	Tis	IS	IS
10	Confined to pancreas	*	L	L
30	Localized, NOS	*	L	L
40	Peripancreatic tissue	T3	RE	RE
45	Ampulla of Vater Duodenum Extra hepatic bile duct(s)	Т3	RE	RE
50	Adjacent large vessel(s) (except as listed in code 60) Colon Spleen Stomach	Т3	RE	RE

60	Tumor is inseparable from the celiac axis or superior mesenteric	T4	RE	RE
	Aorta			
	Celiac artery Superior mesenteric artery			
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

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

Pancreas: Other and Unspecified CS TS/Ext-Eval SEE STANDARD TABLE

Pancreas: Other and Unspecified

CS Lymph Nodes

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

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Celiac Hepatic Infrapyloric (subpyloric) Lateral aortic (lumbar) Pancreaticosplenic (pancreaticolienal) Peripancreatic, NOS: Anterior, NOS: Anterior pancreaticoduodenal Anterior proximal mesenteric Pyloric Inferior to the head and body of pancreas Posterior, NOS: Pericholedochal (common bile duct) Posterior pancreaticoduodenal Posterior proximal mesentery Superior to the head and body of pancreas Retroperitoneal Splenic (lienal), NOS Gastroepiploic (gastro-omental), left Splenic hilum Suprapancreatic Superior mesenteric Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN

99	Unknown; not stated Regional lymph node(s) cannot be assessed	NX	U	U
	Not documented in patient record			

Pancreas: Other and Unspecified

CS Reg Nodes Eval SEE STANDARD TABLE

Pancreas: Other and Unspecified

Reg LN Pos SEE STANDARD TABLE

Pancreas: Other and Unspecified

Reg LN Exam

SEE STANDARD TABLE

Pancreas: Other and Unspecified

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS (includes seeding of peritoneum, even if limited to the lesser sac region; positive peritoneal cytology) Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Pancreas: Other and Unspecified

CS Mets Eval

SEE STANDARD TABLE

Pancreas: Other and Unspecified

Code	Description
888	Not applicable for this site

Pancreas: Other and Unspecified

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Pancreas: Other and Unspecified

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Pancreas: Other and Unspecified

CS Site-Specific Factor 4

	pecific I weed!
Code	Description
888	Not applicable for this site

Pancreas: Other and Unspecified CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Pancreas: Other and Unspecified

Code	Description	İ
888	Not applicable for this site	I

Collaborative Staging Codes Other and Ill-Defined Digestive Organs C26.0, C26.8-C26.9

C26.0 Intestinal tract, NOS

C26.8 Overlapping lesion of digestive system

C26.9 Gastrointestinal tract, NOS

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

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

Other and Ill-Defined Digestive Organs CS Tumor Size SEE STANDARD TABLE

Other and Ill-Defined Digestive Organs CS Extension

Note 1: Definition of Adjacent Connective Tissue: Some of the schemes for ill-defined or non-specific sites in this manual contain a code 40, adjacent connective tissue, which is defined here as the unnamed tissues that immediately surround an organ or structure containing a primary cancer. Use this code when a tumor has invaded past the outer border (capsule, serosa, or other edge) of the primary organ into the organ's surrounding supportive structures but has not invaded into larger structures or adjacent organs.

Note 2: Definition of Adjacent Structures: Connective tissues large enough to be given a specific name would be considered adjacent structures. For example, the brachial artery has a name, as does the broad ligament. Continuous tumor growth from one organ into an adjacent named structure would be coded to 60 in the schemes for ill-defined or non-specific sites.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	NA	IS	IS
10	Invasion of submucosa	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue (see Note 1)	NA	RE	RE
60	Adjacent organs/structures (see Note 2)	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Other and Ill-Defined Digestive Organs

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Digestive Organs

CS Lymph Nodes

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

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

Other and Ill-Defined Digestive Organs

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Digestive Organs Reg LN Pos SEE STANDARD TABLE

Other and Ill-Defined Digestive Organs Reg LN Exam SEE STANDARD TABLE

Other and Ill-Defined Digestive Organs

CS Mets at DX

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

Other and Ill-Defined Digestive Organs

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Digestive Organs CS Site-Specific Factor 1

Code	Description
888	Not applicable for this site

Other and Ill-Defined Digestive Organs

CS Site-Specific Factor 2

CD DILC D	pechie i actor 2	
Code	Description	
888	Not applicable for this site	

Other and Ill-Defined Digestive Organs

Code	Description
888	Not applicable for this site

Other and Ill-Defined Digestive Organs

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Other and Ill-Defined Digestive Organs

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Other and Ill-Defined Digestive Organs

Code	Description
888	Not applicable for this site

Site-Specific Surgery Codes Pancreas C250–C259

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

Codes

- 00 None; no surgery of primary site; autopsy ONLY
- 25 Local excision of tumor, NOS
- 30 Partial pancreatectomy, NOS; example: distal
- 35 Local or partial pancreatectomy and duodenectomy
 - 36 WITHOUT distal/partial gastrectomy
 - 37 WITH partial gastrectomy (Whipple)
- 40 Total pancreatectomy
- 60 Total pancreatectomy and subtotal gastrectomy or duodenectomy
- 70 Extended pancreatoduodenectomy
- 80 Pancreatectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

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Site-Specific Surgery Codes

All Other Sites

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

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

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26-27 WITH

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

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

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

- 30 Simple/partial surgical removal of primary site
- 40 **Total surgical removal** of primary site; enucleation
 - 41 Total enucleation (for eye surgery only)
- Surgery stated to be "**debulking**"
- 60 Radical surgery

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

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

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

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