

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

Lung

C34.0-C34.3, C34.8-C34.9

C34.0 Main bronchus

C34.1 Upper lobe, lung

C34.2 Middle lobe, lung

C34.3 Lower lobe, lung

C34.8 Overlapping lesion of lung

C34.9 Lung, NOS

Note: Laterality must be coded for this site (except carina).

CS Tumor Size	CS Site-Specific Factor 1	The following tables are available at the collaborative staging website: Histology Exclusion Table AJCC Stage Extension Size Table Mets Size Table for Mets at DX 00 Mets Size Table for Mets at DX 99
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Lung

CS Tumor Size

Note: Do not code size of hilar mass unless primary is stated to be in the hilum.

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
996	Malignant cells present in bronchopulmonary secretions, but no tumor seen radiographically or during bronchoscopy; "occult" carcinoma
997	Diffuse (entire lobe)
998	Diffuse (entire lung or NOS)
999	Unknown; size not stated Not documented in patient record

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CS Extension

Note 1: Direct extension to or other involvement of structures considered M1 in AJCC staging is coded in the data item CS Mets at DX. This includes: sternum; skeletal muscle; skin of chest; contralateral lung or mainstem bronchus; separate tumor nodule(s) in different lobe, same lung, or in contralateral lung.

Note 2: Distance from Carina. Assume tumor is greater than or equal to 2 cm from carina if lobectomy, segmental resection, or wedge resection is done.

Note 3: Opposite Lung. If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.

Note 4: Bronchopneumonia. "Bronchopneumonia" is not the same thing as "obstructive pneumonitis" and should not be coded as such.

Note 5: Pulmonary Artery/Vein. An involved pulmonary artery/vein in the mediastinum is coded to 70 (involvement of major blood vessel). However, if the involvement of the artery/vein appears to be only within lung tissue and not in the mediastinum, it would not be coded to 70.

Note 6: Pleural Effusion.

A. Note from SEER manual: Ignore pleural effusion that is negative for tumor. Assume that a pleural effusion is negative if a resection is done.

B. Note from AJCC manual: Most pleural effusions associated with lung cancers are due to tumor. However, there are a few patients in whom multiple cytopathologic examinations of pleural fluid are negative for tumor.

In these cases, fluid is non-bloody and is not an exudate. When these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the patient should be staged T1, T2, or T3.

Note 7: Vocal cord paralysis (resulting from involvement of recurrent branch of the vagus nerve), superior vena cava obstruction, or compression of the trachea or the esophagus may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use code 70 for these manifestations.

HOWEVER, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, vena cava obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 20) in CS Lymph Nodes unless there is a statement of involvement by direct extension from the primary tumor.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to one lung, WITHOUT extension or conditions described in codes 20-80 (excluding primary in main stem bronchus) (EXCLUDES superficial tumor as described in code 11)	*	L	L
11	Superficial tumor of any size with invasive component limited to bronchial wall, WITH or WITHOUT proximal extension to the main stem bronchus	T1	L	L
20	Extension from other parts of lung to main stem bronchus, NOS (EXCLUDES superficial tumor as described in code 11) Tumor involving main stem bronchus greater than or equal to 2.0 cm from carina (primary in lung or main stem bronchus)	T2	L	L
21	Tumor involving main stem bronchus, NOS (distance from carina not stated and no surgery as described in Note 2)	T2	L	L
23	Tumor confined to hilus	*	L	L
25	Tumor confined to the carina	*	L	L
30	Localized, NOS	*	L	L
40	Atelectasis/obstructive pneumonitis that extends to the hilar region but does not involve the entire lung (or atelectasis/obstructive pneumonitis, NOS) WITHOUT pleural effusion	T2	RE	RE

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45	Extension to: Pleura, visceral or NOS (WITHOUT pleural effusion) Pulmonary ligament (WITHOUT pleural effusion)	T2	RE	RE
50	Tumor of/involving main stem bronchus less than 2.0 cm from carina	T3	L	RE
52	(40) + (50)	T3	RE	RE
53	(45) + (50)	T3	RE	RE
55	Atelectasis/obstructive pneumonitis involving entire lung	T3	RE	RE
56	Parietal pericardium or pericardium, NOS	T3	RE	RE
59	Invasion of phrenic nerve	T3	RE	RE
60	Direct extension to: Brachial plexus, inferior branches or NOS, from superior sulcus Chest (thoracic) wall Diaphragm Pancoast tumor (superior sulcus syndrome), NOS Parietal pleura Note: For separate lesion in chest wall or diaphragm, see CS Mets at DX.	T3	D	RE
61	Superior sulcus tumor WITH encasement of subclavian vessels OR WITH unequivocal involvement of superior branches of brachial plexus (C8 or above)	T4	D	RE
65	Multiple masses/separate tumor nodule(s) in the SAME lobe "Satellite nodules" in SAME lobe	T4	L	RE
70	Blood vessel(s), major (EXCEPT aorta and inferior vena cava, see codes 74 and 77) Azygos vein Pulmonary artery or vein Superior vena cava (SVC syndrome) Carina from lung/mainstem bronchus Compression of esophagus or trachea not specified as direct extension Esophagus Mediastinum, extrapulmonary or NOS Nerve(s): Cervical sympathetic (Horner's syndrome) Recurrent laryngeal (vocal cord paralysis) Vagus Trachea	T4	RE	RE
71	Heart Visceral pericardium	T4	D	D
72	Malignant pleural effusion Pleural effusion, NOS	T4	D	D
73	Adjacent rib	T3	D	D
74	Aorta	T4	D	RE

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75	Vertebra(s) Neural foramina	T4	D	D
76	Pleural tumor foci separate from direct pleural invasion	T4	D	D
77	Inferior vena cava	T4	D	D
78	(73) plus any of [(61–72) or (74–77)]	T4	D	D
79	Pericardial effusion, NOS; malignant pericardial effusion	T4	D	D
80	Further contiguous extension (except to structures specified in CS Mets at DX)	T4	D	D
95	No evidence of primary tumor	T0	U	U
98	Tumor proven by presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy; "occult" carcinoma	TX	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

*For Extension codes 10, 23, and 25 ONLY, the T category is assigned based on the value of tumor size, as shown in the Extension Size table for this site.

Lung

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.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Lung

CS Lymph Nodes

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

Note 2: If at mediastinoscopy/x-ray, the description is "mass", "adenopathy", or "enlargement" of any of the lymph nodes named as regional in codes 10 and 20, assume that at least regional lymph nodes are involved.

Note 3: The words "no evidence of spread" or "remaining examination negative" are sufficient information to consider regional lymph nodes negative in the absence of any statement about nodes.

Note 4: Vocal cord paralysis (resulting from involvement of recurrent branch of the vagus nerve), superior vena cava obstruction, or compression of the trachea or the esophagus may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use code 70 for these manifestations. **HOWEVER**, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, vena cava obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 20) in CS Lymph Nodes unless there is a statement of involvement by direct extension from the primary tumor.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s), ipsilateral: Bronchial Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Intrapulmonary nodes, including involvement by direct extension: Interlobar Lobar Segmental Subsegmental Peri/parabronchial	N1	RN	RN
20	Regional lymph node(s), ipsilateral: Aortic [above diaphragm], NOS: Peri/para-aortic, NOS: Ascending aorta (phrenic) Subaortic (aortico-pulmonary window) Carinal (tracheobronchial) (tracheal bifurcation) Mediastinal, NOS: Anterior Posterior (tracheoesophageal) Pericardial Peri/paraesophageal Peri/paratracheal, NOS: Azygos (lower peritracheal) Pre- and retrotracheal, NOS: Precarinal Pulmonary ligament Subcarinal	N2	RN	RN
50	Regional lymph node(s), NOS	N1	RN	RN
60	Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Contralateral/bilateral mediastinal Scalene (inferior deep cervical), ipsilateral or contralateral Supraclavicular (transverse cervical), ipsilateral or contralateral	N3	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

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CS Reg Nodes Eval

Note: This item reflects the validity of the classification of the item CS Lymph Nodes only according to diagnostic methods employed.

Code	Description	Staging Basis
0	No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No regional lymph nodes removed for examination. Evidence based on endoscopic examination, diagnostic biopsy including fine needle aspiration of lymph node(s) or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	p
2	No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed	p
5	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.	c
6	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence	y
8	Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy	a
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Lung

Reg LN Pos

SEE STANDARD TABLE

Lung

Reg LN Exam

SEE STANDARD TABLE

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.2, C60.8-C60.9, C63.2

(M-8720-8790)

- C44.0 Skin of lip, NOS
- C44.1 Eyelid
- C44.2 External ear
- C44.3 Skin of ear and unspecified parts of face
- C44.4 Skin of scalp and neck
- C44.5 Skin of trunk
- C44.6 Skin of upper limb and shoulder
- C44.7 Skin of lower limb and hip
- C44.8 Overlapping lesion of skin
- C44.9 Skin, NOS
- C51.0 Labium majus
- C51.1 Labium minus
- C51.2 Clitoris
- C51.8 Overlapping lesion of vulva
- C51.9 Vulva, NOS
- C60.0 Prepuce
- C60.1 Glans penis
- C60.2 Body of penis
- C60.8 Overlapping lesion of penis
- C60.9 Penis
- C63.2 Scrotum, NOS

Note 1: Laterality must be coded for C44.1-C44.3, and C44.5-C44.7. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9, midline, in the laterality field.

Note 2: For melanoma of sites other than those above, use the site-specific schema for the appropriate site.

Note 3: The level of invasion, as defined by Dr. Wallace Clark, is used when defining subcategories of T1 melanomas, but not for thicker melanoma (i.e., T2, T3 or T4).

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 - Measured Thickness (Depth), Breslow's Measurement CS Site-Specific Factor 2 - Ulceration CS Site-Specific Factor 3 - Clinical Status of Lymph Node Mets CS Site-Specific Factor 4 - LDH 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 Thickness and Ulceration Extension and Ulceration CS Reg Nodes Positive Clinical Status Code for Lymph Node (N1) Clinical Status Code for Lymph Node Category N (N2) Mets at DX and LDH
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Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Tumor Size

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

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger

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990	Microscopic focus or foci only, no size of focus given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
999	Unknown; size not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Extension

Note 1: If there is a discrepancy between the Clark level and the pathologic description of extent, use the higher (more extensive) code.

Note 2: Satellite lesions/nodules or in-transit metastasis are coded under CS Lymph Nodes.

Note 3: Ulceration of melanoma is coded in Site-Specific Factor 2.

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; intraepidermal Clark's level I Basement membrane of the epidermis is intact	Tis	IS	IS
10	Papillary dermis invaded Clark's level II	*	L	L
20	Papillary-reticular dermal interface invaded Clark's level III	*	L	L
30	Reticular dermis invaded Clark's level IV	*	L	L
40	Skin/dermis, NOS Localized, NOS	*	L	L
50	Subcutaneous tissue invaded (through entire dermis) Clark's level V	*	L	RE
80	Further contiguous extension: Underlying cartilage, bone, skeletal muscle	*	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed (e.g., shave biopsy or regressed melanoma) Not documented in patient record	*	U	U

* For Extension codes 10 - 80, and 99 ONLY, the T category is assigned based on the values of CS Site-Specific Factor 1, Measured Thickness and CS Site-Specific Factor 2, Ulceration, as shown in Extra Table 1, Thickness and Ulceration and Extra Table 2, Extension and Ulceration.

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS TS/Ext-Eval

SEE STANDARD TABLE

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

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: Satellite lesions/nodules or in-transit metastasis are coded under CS Lymph Nodes.

Note 3: Use codes 10-12 if there is regional node involvement without satellite nodule(s) or in-transit metastases. Use codes 13-15 if there are satellite nodule(s) or in-transit metastases but there is either no regional lymph node involvement, or involvement of regional lymph nodes is not stated. Use codes 20-22 if both satellite nodule(s)/in-transit metastases and regional lymph node(s) are present.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s) by primary site: (includes bilateral or contralateral nodes for head, neck, and trunk) HEAD AND NECK SITES: All subsites: Cervical, NOS Lip: Mandibular, NOS: Submandibular(submaxillary) Eyelid/canthus: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular External ear/auditory canal: Mastoid (post-/retro-auricular) (occipital) Preauricular Face, Other (cheek, chin forehead, jaw, nose and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Scalp: Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mandibular, NOS Mastoid (post-/retro-auricular) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) UPPER TRUNK: Axillary Cervical Internal mammary Supraclavicular	*	RN	RN

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10, cont'd	<p>LOWER TRUNK: Superficial inguinal (femoral)</p> <p>ARM/SHOULDER: Axillary Epitrochlear for hand/forearm Spinal accessory (posterior cervical) for shoulder</p> <p>LEG/HIP: Popliteal for heel and calf Superficial inguinal (femoral)</p> <p>VULVA/PENIS/SCROTUM: Deep inguinal: Rosenmuller or Cloquet node Superficial inguinal (femoral)</p> <p>ALL SITES: Regional lymph node(s), NOS</p>			
12	<p>Regional lymph node(s) by primary site:</p> <p>HEAD AND NECK SITES:</p> <p>Lip: Facial, NOS Buccinator (buccal) Nasolabial Mandibular, NOS Submental Parotid, NOS Infra-auricular Preauricular</p> <p>Eyelid/canthus: Facial, NOS: Mandibular, NOS Submental</p> <p>Face, Other (cheek, chin, forehead, jaw, nose, and temple) Mandibular, NOS Submental</p> <p>Neck: Mandibular, NOS Submental</p>	*	D	RN
13	Satellite nodule(s) or in-transit metastases, NOS (distance from primary tumor not stated) WITHOUT regional lymph node involvement or involvement of regional nodes not stated.	N2c	RE	RE
14	Satellite nodule(s) or in-transit metastases less than or equal to 2 cm from primary tumor WITHOUT regional lymph node involvement or involvement of regional nodes not stated.	N2c	RE	RE
15	Satellite nodule(s) or in-transit metastases greater than 2 cm from primary tumor WITHOUT regional lymph node involvement or involvement of regional nodes not stated.	N2c	RE	RN
17	Matted nodes in code 10	N3	RN	RN
18	Matted nodes in code 12	N3	D	RN
20	Satellite nodule(s) or in-transit metastases WITH regional lymph nodes listed in code 10.	N3	RE + RN	RE + RN
22	Satellite nodule(s) or in-transit metastases WITH regional lymph nodes listed in code 12.	N3	D	RE + RN
80	Lymph nodes, NOS	*	RN	RN

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99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U
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*For codes 10, 12, and 80 ONLY, the N category depends on the values in Reg LN Pos and SSF3, as shown in the CS Nodes Pos and Clinical Status table.

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Reg Nodes Eval

Note: This item reflects the validity of the classification of the item CS Lymph Nodes only according to diagnostic methods employed.

Code	Description	Staging Basis
0	No regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination. Evidence based on endoscopic examination, diagnostic biopsy including fine needle aspiration of lymph node(s) or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	p
2	No regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Regional lymph nodes, satellite nodules(s) or in-transit metastases (nodules) removed for examination (removal of at least 1 lymph node, satellite nodule(s) or in-transit metastasis) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination, unknown if pre-surgical systemic treatment or radiation performed.	p
5	Regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node, satellite nodule(s) or in-transit metastases (nodules) evaluation based on clinical evidence.	c
6	Regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node(s), satellite nodule(s) or in-transit metastases (nodules) evaluation based on pathologic evidence.	y
8	Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

Reg LN Pos

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

Note 2: Although satellite nodules and in-transit metastasis are coded under CS Lymph Nodes, DO NOT count as Reg LN Pos in this field.

Code	Description
00	All nodes examined negative.

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

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

Reg LN Exam

Note: Although satellite nodules and in-transit metastasis are coded under CS Lymph Nodes, DO NOT count as Reg LN Exam in this field.

Code	Description
00	No nodes examined
01-89	01 - 89 nodes examined (code exact number of regional lymph nodes examined)
90	90 or more nodes examined
95	No regional nodes removed, but aspiration of regional nodes performed
96	Regional lymph node removal documented as sampling and number of nodes unknown/not stated
97	Regional lymph node removal documented as dissection and number of nodes unknown/not stated
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	Unknown if nodes were examined; not applicable or negative Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
05	Underlying cartilage, bone, skeletal muscle	*	D	D
10	Distant lymph node(s)	*	D	D
40	Distant metastasis, NOS	*	D	D
42	Metastases to skin or subcutaneous tissue beyond regional lymph nodes	*	D	D
43	Lung	*	D	D
44	Other distant metastases	M1c	D	D
52	(10) + (42)	*	D	D
53	(10) + (43)	*	D	D

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54	(10) + (44)	M1c	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

*For codes 05, 10, 40, 42, 43, 52 and 53 ONLY, the M category is assigned based on the status of serum LDH as coded in Site-Specific Factor 4 LDH table and shown in the Special Mets at DX and LDH table.

**Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Mets Eval
SEE STANDARD TABLE**

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

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

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

**Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 2 Ulceration**

Note 1: Melanoma ulceration is the absence of an intact epidermis overlying the primary melanoma based upon histopathological examination.

Note 2: If there is no documentation or no mention of ulceration in the pathology report, assume ulceration is not present and code 000.

Code	Description
000	No ulceration present
001	Ulceration present
999	Unknown Not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Site-Specific Factor 3 Clinical Status of Lymph Node Mets

Note: Use code 000, No lymph node metastases, if either: A) there is no lymph node involvement, i.e., CS Lymph Nodes is coded 00, or B) there are satellite nodules or in-transit metastases, but no regional lymph node metastases, i.e., CS Lymph Nodes is coded 13-15.

Code	Description
000	No lymph node metastases
001	Clinically occult (microscopic) lymph node metastases only
002	Clinically apparent (macroscopic) lymph node metastases
999	Unknown Not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Site-Specific Factor 4 LDH

Note: Per AJCC, "An elevated serum LDH should be used only when there are 2 or more determinations obtained more than 24 hours apart, because an elevated serum LDH on a single determination can be falsely positive as a result of hemolysis or other factors unrelated to melanoma metastases."

Code	Description
000	Test not done, test was not ordered and was not performed
002	Within normal limits
004	Range 1 less than 1.5 x upper limit of normal for LDH assay Stated as elevated, NOS
005	Range 2 1.5 - 10 x upper limit of normal for LDH assay
006	Range 3 more than 10 x upper limit of normal for LDH assay
008	Ordered, but results not in chart
999	Unknown Not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Breast

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

- C50.0 Nipple
- C50.1 Central portion of breast
- C50.2 Upper-inner quadrant of breast
- C50.3 Lower-inner quadrant of breast
- C50.4 Upper-outer quadrant of breast
- C50.5 Lower-outer quadrant of breast
- C50.6 Axillary Tail of breast
- C50.8 Overlapping lesion of breast
- C50.9 Breast, NOS

Note: Laterality must be coded for this site.

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

CS Tumor Size

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

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

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

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microinvasion; microscopic focus or foci only, no size given; described as less than 1 mm
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

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

Breast

CS Extension

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

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

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

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

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

Note 6: For Collaborative Staging, the abstractor should record a stated diagnosis of inflammatory carcinoma, and also record any clinical statement of the character and extent of skin involvement in the text area. Code 71 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement in less than 50% of the skin of the breast. Code 73 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement in more than 50% (majority) of the skin of the breast. Cases with a stated diagnosis of inflammatory carcinoma but no such clinical description should be coded 71. A clinical description of inflammation, erythema, edema, peau d'orange, etc. without a stated diagnosis of inflammatory carcinoma should be coded 51 or 52, depending on described extent of the condition.

Code	Description	TNM	SS77	SS2000
00	In situ: noninfiltrating; intraepithelial Intraductal WITHOUT infiltration Lobular neoplasia	Tis	IS	IS
05	Paget Disease of nipple (WITHOUT underlying tumor)	Tis	**	**
07	Paget Disease of nipple (WITHOUT underlying invasive carcinoma pathologically)	Tis	**	**
10	Confined to breast tissue and fat including nipple and/or areola Localized, NOS	*	L	L
20	Invasion of subcutaneous tissue Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension Skin infiltration of primary breast including skin of nipple and/or areola	*	RE	RE

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30	Attached or fixation to pectoral muscle(s) or underlying tissue Deep fixation Invasion of (or fixation to) pectoral fascia or muscle	*	RE	RE
40	Invasion of (or fixation to): Chest wall Intercostal or serratus anterior muscle(s) Rib(s)	T4a	RE	RE
51	Extensive skin involvement, including: Satellite nodule(s) in skin of primary breast Ulceration of skin of breast Any of the following conditions described as involving not more than 50% of the breast, or amount or percent of involvement not stated: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	RE	RE
52	Any of the following conditions described as involving more than 50% of the breast WITHOUT a stated diagnosis of inflammatory carcinoma: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	RE	RE
61	(40) + (51)	T4c	RE	RE
62	(40) + (52)	T4c	RE	RE
71	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving less than 50% of the skin of the breast, or percent of involvement not stated, WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS	T4d	RE	RE
72	OBSOLETE Code 72 has been combined with code 71. Any cases coded to 72 should be re-coded to 71.	T4d	RE	RE
73	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., of more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4d	RE	RE
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

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

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

Breast

CS TS/Ext-Eval

SEE STANDARD TABLE

Breast

CS Lymph Nodes

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

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

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

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

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

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

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement, or ITCs detected by immunohistochemistry or molecular methods ONLY. (See Note 5 and Site-specific Factors 4 and 5.)	*	NONE	NONE
05	None; no regional lymph node(s) but with ITCs detected on routine H and E stains. (See Note 5)	N0(i+)	NONE	NONE
13	Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected by immunohistochemical (IHC) means ONLY (at least one micrometastasis greater than 0.2 mm and all micrometastases less than or equal to 2 mm)	N1mi	RN	RN
15	Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected or verified on H&E (at least one micrometastasis greater than 0.2 mm and all micrometastases less than or equal to 2 mm) Micrometastasis, NOS	N1mi	RN	RN
25	Movable axillary lymph node(s), ipsilateral, positive with more than micrometastasis (i.e., at least one metastasis greater than 2 mm)	**	RN	RN
26	Stated as N1, NOS	**	RN	RN
28	Stated as N2, NOS	**	RN	RN
50	Fixed/matted ipsilateral axillary nodes, positive with more than micrometastasis (i.e., at least one metastasis greater than 2 mm) Fixed/matted ipsilateral axillary nodes, NOS	**	RN	RN
60	Axillary/regional lymph node(s), NOS Lymph nodes NOS	**	RN	RN
71	Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent (no positive imaging or clinical exam) WITHOUT axillary lymph node(s), ipsilateral	**	RN	RN

Breast

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

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

Breast

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

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

Breast

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

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

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

Note 3: This field is based on pathologic information only. If no ipsilateral axillary nodes were removed for examination, or if an ipsilateral axillary lymph node drainage area was removed but no lymph nodes were found, code 098.

Note 4: The general coding instructions in Part I for Regional Nodes Positive also apply to this field (although the codes in Regional Nodes Positive are 2 digits rather than 3). When positive ipsilateral axillary lymph nodes are coded in this field, the number of positive ipsilateral axillary lymph nodes must be less than or equal to the number coded in Regional Nodes Positive (i.e., the number of positive ipsilateral axillary nodes will always be a subset of the number of positive regional nodes).

Code	Description
000	All ipsilateral axillary nodes examined negative
001-089	1 - 89 nodes positive (code exact number of nodes positive)
090	90 or more nodes positive
095	Positive aspiration of lymph node(s)

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097	Positive nodes - number unspecified
098	No axillary nodes examined
099	Unknown if axillary nodes are positive; not applicable Not documented in patient record

Breast

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

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

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

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

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

Breast

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

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

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

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

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

Breast

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

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

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

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

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

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

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Corpus Uteri; Uterus, NOS (excluding Placenta)

C54.0-C54.3, C54.8-C54.9, C55.9

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

CS Tumor Size CS 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 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
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Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Tumor Size

SEE STANDARD TABLE

Corpus Uteri; Uterus, NOS (excluding Placenta)

CS Extension

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

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

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

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

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

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

Ovary

C56.9

C56.9 Ovary

Note: Laterality must be coded for this site.

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

Ovary

CS Tumor Size

SEE STANDARD TABLE

Ovary

CS Extension

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

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

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

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

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

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

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

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

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35	Tumor limited to ovary(ies), capsule(s) ruptured FIGO Stage 1C	T1c	L	RE
36	Tumor on ovarian surface FIGO Stage 1C	T1c	D	RE
41	Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings FIGO Stage 1C	T1c	RE	RE
43	(35) + (41) FIGO Stage 1C	T1c	RE	RE
44	(36) + any of [(35) or (41)] FIGO Stage 1C	T1c	D	RE
50	Extension to or implants on (but no malignant cells in ascites or peritoneal washings): Adnexa, NOS, ipsilateral or NOS Fallopian tube(s), ipsilateral or NOS FIGO Stage IIA	T2a	RE	RE
52	Extension to or implants on (but no malignant cells in ascites or peritoneal washings): Adnexa, NOS, contralateral Fallopian tube(s), contralateral Uterus FIGO Stage IIA	T2a	D	RE
60	Extension to or implants on other pelvic structures (but no malignant cells in ascites or peritoneal washings): Pelvic tissue: Adjacent peritoneum Ligament(s): Broad, ipsilateral, NOS Ovarian Round Suspensory Mesovarium, ipsilateral, NOS Pelvic wall FIGO Stage IIB	T2b	RE	RE
61	Extension to or implants on other pelvic structures (but no malignant cells in ascites or peritoneal washings): Broad ligament(s), contralateral Mesovarium, contralateral FIGO Stage IIB	T2b	D	RE
62	[(50) and/or (60)] WITH malignant cells in ascites or peritoneal washings FIGO Stage IIC	T2c	RE	RE
63	[(52) and/or (60)] WITH malignant cells in ascites or peritoneal washings FIGO Stage IIC	T2c	D	RE
64	(61) WITH malignant cells in ascites or peritoneal washings FIGO IIC	T2c	D	RE
65	Tumor involves one or both ovaries with pelvic extension, NOS FIGO Stage II, NOS	T2NOS	RE	RE

Prostate

C61.9

C61.9 Prostate gland

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

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

Prostate

CS Tumor Size

SEE STANDARD TABLE

Prostate

CS Extension-Clinical Extension

Note 1: This field and Site-Specific Factor 3, CS Extension – Pathologic Extension, must both be coded, whether or not a prostatectomy was performed. Information from prostatectomy is EXCLUDED from this field and coded only in Site-Specific Factor 3.

Note 2:

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

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

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

D. CODES 31, 33 and 34 have been made OBSOLETE, CODES NO LONGER USED. Information about prostate apex involvement has been moved to Site-Specific Factor 4, Prostate Apex Involvement. AJCC does not use prostate apex involvement in the T classification.

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

Note 3: Prostate Apex Involvement: This field and Site-Specific Factor 4, Prostate Apex Involvement, are both coded whether or not a prostatectomy was performed.

Note 4: Use codes 13-14 when a TURP is done, not for a biopsy only. Do not use code 15 when a TURP is done.

Note 5: Involvement of the prostatic urethra does not alter the extension code.

Note 6: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 60.

Note 7: AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. If physician-assigned AUA stage D1-D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension.

Note 8: This schema includes evaluation of other pathologic tissue such as a biopsy of the rectum.

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

Note 9: For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 3. If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (i.e., prostatectomy was done, extension information is available for staging, and invasive tumor was present in the prostatectomy specimen), the mapping values are taken from the Site-Specific Factor 3 mapping, and the T category is identified as a pT. If Site-Specific Factor 3 (Pathologic Extension) code is 095 or greater (meaning that prostatectomy was not performed, or it was performed but the information is not usable for staging), the mapping values are taken from the CS Extension (Clinical Extension) mapping, and the c, p, y, or a indicator is taken from the TS/Ext Eval mapping. If Site-Specific Factor 3 (Pathologic Staging) code is 000 (in situ), and if CS Extension code (Clinical Extension) is greater than 00 and less than 95 (not in situ), the mapping values are taken from the CS Extension (Clinical Extension) mapping and the c, p, y, or a indicator is taken from the TX Ext Eval mapping. If Site-Specific Factor 3 is 000 (in situ) and CS Extension code is 00 (in situ) or greater than 95, the mapping values are taken from the Site-Specific Factor 3 mapping, and the T category is identified as a pT.

Prostate

CS Extension-Clinical Extension

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; intraepithelial	Tis	IS	IS
10	Clinically inapparent tumor, number of foci or percent involved tissue not specified Stage A, NOS	T1NOS	L	L
13	Incidental histologic finding in 5% or less of tissue resected (clinically inapparent)	T1a	L	L
14	Incidental histologic finding more than 5% of tissue resected (clinically inapparent)	T1b	L	L
15	Tumor identified by needle biopsy, e.g., for elevated PSA (clinically inapparent)	T1c	L	L
20	Involvement in one lobe, NOS (clinically apparent only)	T2NOS	L	L
21	Involves one half of one lobe or less (clinically apparent only)	T2a	L	L
22	Involves more than one half of one lobe, but not both lobes (clinically apparent only)	T2b	L	L
23	Involves both lobes (clinically apparent only)	T2c	L	L
24	Clinically apparent tumor confined to prostate, NOS Stage B, NOS	T2NOS	L	L
30	Localized, NOS Confined to prostate, NOS Intracapsular involvement only Not stated if Stage A or B, T1 or T2, clinically apparent or inapparent	T2NOS	L	L
31	OBSOLETE (See Notes 2, 3 and Site-Specific Factor 4)	T2NOS	L	L
33	OBSOLETE (See Notes 2, 3 and Site-Specific Factor 4)	T2NOS	L	L
34	OBSOLETE (See Notes 2, 3 and Site-Specific Factor 4)	T2NOS	L	L
41	Extension to periprostatic tissue (Stage C1) Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS	T3NOS	RE	RE

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42	Unilateral extracapsular extension	T3a	RE	RE
43	Bilateral extracapsular extension	T3a	RE	RE
45	Extension to seminal vesicle(s) (Stage C2)	T3b	RE	RE
49	Periprostatic extension, NOS (Unknown if seminal vesicle(s) involved) Stage C, NOS	T3NOS	RE	RE
50	Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter	T4	RE	RE
52	Levator muscles Skeletal muscle, NOS Ureter(s)	T4	D	RE
60	Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (See Note 5)	T4	D	D
70	Further contiguous extension (Stage D2) including to: Bone Other organs Penis Sigmoid colon Soft tissue other than periprostatic	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Extension unknown Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Prostate

CS TS/Ext-Eval

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

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

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

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

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c

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1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging.	c
2	No surgical resection done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes [(41) to (70)] (see Note 2)	p
3	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)	p
4	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. Meets criteria for AJCC pathologic T staging.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; BUT tumor size/extension based on pathologic evidence	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Prostate

CS Lymph Nodes

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

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

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Prostate

CS Reg Nodes Eval

SEE STANDARD TABLE

Prostate

Reg LN Pos

SEE STANDARD TABLE

Prostate

Reg LN Exam

SEE STANDARD TABLE

Prostate

CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
11	Distant lymph node(s), NOS Common iliac	M1a	RN	D
12	Distant lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Cervical Inguinal, NOS Deep, NOS Node of Coquet or Rosenmuller (highest deep inguinal) Superficial (femoral) Retroperitoneal, NOS Scalene (inferior deep cervical) Supraclavicular (transverse cervical) Distant lymph node(s), NOS	M1a	D	D
30	Metastasis in bone(s)	M1b	D	D
35	(30) + [(11) or (12)]	M1b	D	D
40	Distant metastasis, other than distant lymph node(s) (codes 11 or 12) or bone(s) Carcinomatosis	M1c	D	D
45	Distant metastasis, NOS Stage D2, NOS	M1NOS	D	D
50	(40) + any of [(11) or (12)]	M1c	D	D
55	(40) + any of [(30) or (35)]	M1c	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Prostate

CS Mets Eval

SEE STANDARD TABLE

Prostate

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

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

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

Code	Description
000	Test not done (test was not ordered and was not performed)
001	0.1 or less ng/ml (actual value with implied decimal point)
002-989	0.2 - 98.9 ng/ml (actual value with implied decimal point)
990	99.0 or greater ng/ml
999	Unknown or no information Not documented in patient record

Prostate

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

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

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

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

Prostate

CS Site-Specific Factor 3 CS Extension - Pathologic Extension

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

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

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

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

Note 5: Codes 031, 033 and 034 have been made OBSOLETE, CODES NO LONGER USED. Information about prostate apex involvement has been moved to Site-Specific Factor 4, Prostate Apex Involvement. AJCC does not use prostate apex involvement in the T classification.

Note 6: When prostate cancer is an incidental finding during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), use the appropriate code for the extent of disease found (for example, one lobe, or both lobes, or more).

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Note 7: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 060.

Note 8: AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. If physician-assigned AUA stage D1-D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension - Pathologic Extension.

Note 9: For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 3. If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (i.e., prostatectomy was done, extension information is available for staging, and invasive tumor was present in the prostatectomy specimen), the mapping values are taken from the Site-Specific Factor 3 mapping, and the T category is identified as a pT. If Site-Specific Factor 3 (Pathologic Extension) code is 095 or greater (meaning that prostatectomy was not performed, or it was performed but the information is not usable for staging), the mapping values are taken from the CS Extension (Clinical Extension) mapping, and the c, p, y, or a indicator is taken from the TS/Ext Eval mapping. If Site-Specific Factor 3 (Pathologic Extension) code is 000 (in situ), and if CS Extension code (Clinical Extension) is greater than 00 and less than 95 (not in situ), the mapping values are taken from the CS Extension (Clinical Extension) mapping and the c, p, y, or a indicator is taken from the TX Ext Eval mapping. If Site-Specific Factor 3 is 000 (in situ) and CS Extension code is 00 (in situ) or greater than 95, the mapping values are taken from the Site-Specific Factor 3 mapping, and the T category is identified as a pT.

Prostate

CS Site-Specific Factor 3 CS Extension - Pathologic Extension

Code	Description	TNM	SS77	SS2000
000	In situ; non-invasive; intraepithelial	Tis	IS	IS
020	Involvement in one lobe, NOS	T2NOS	L	L
021	Involves one half of one lobe or less	T2a	L	L
022	Involves more than one half of one lobe, but not both lobes	T2b	L	L
023	Involves both lobes	T2c	L	L
030	Localized, NOS Confined to prostate, NOS Intracapsular involvement only Stage B, NOS	T2NOS	L	L
031	OBSOLETE (See Note 5 and Site-Specific Factor 4)	T2NOS	L	L
032	Invasion into (but not beyond) prostatic capsule	T2NOS	L	L
033	OBSOLETE (See Note 5 and Site-Specific Factor 4)	T2NOS	L	L
034	OBSOLETE (See Note 5 and Site-Specific Factor 4)	T2NOS	L	L
040	No extracapsular extension but margins involved (See Note 4)	T2NOS	L	RE
041	Extension to periprostatic tissue (Stage C1): Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS	T3a	RE	RE
042	Unilateral extracapsular extension	T3a	RE	RE
043	Bilateral extracapsular extension	T3a	RE	RE
045	Extension to seminal vesicle(s) (Stage C2)	T3b	RE	RE
048	Extracapsular extension and margins involved (Excluding seminal vesicle margins—see code 045)	T3a	RE	RE

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050	Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter	T4	RE	RE
052	Levator muscle Skeletal muscle, NOS Ureter	T4	D	RE
060	Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (See Note 6)	T4	D	D
070	Further contiguous extension (Stage D2) including to: Bone Penis Sigmoid colon Soft tissue other than periprostatic tissue Other organs	T4	D	D
095	No evidence of primary tumor	T0	U	U
096	Unknown if prostatectomy done	TX	U	U
097	No prostatectomy done within first course of treatment	TX	U	U
098	Prostatectomy performed, but not considered first course of treatment because of, for example, disease progression.	TX	U	U
099	Prostatectomy done: Extension unknown Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Prostate

CS Site-Specific Factor 4 Prostate Apex Involvement (OBSOLETE: Prostatic Acid Phosphatase (PAP))

Note: Historically, apex involvement has affected the stage classification, although it does not affect the AJCC 6th edition. This item allows collection of information about the involvement of the prostate apex with cancer, both clinically and at prostatectomy. In codes 110-550, the first digit represents the clinical status of apex involvement and the second digit represents apex involvement found at prostatectomy, following these definitions:

- 1 – No involvement of prostatic apex
- 2 – Into prostatic apex/arising in prostatic apex, NOS
- 3 – Arising in prostatic apex
- 4 – Extension into prostatic apex
- 5 – Apex extension unknown

When abstracting and coding apex involvement, try to determine if the cancer has extended into the apex from another part of the prostate or has arisen in the apex.

Code	Description
000	OBSOLETE PAP: Test not done (test was not ordered and was not performed)
010	OBSOLETE PAP: Positive/elevated
020	OBSOLETE PAP: Negative/normal; within normal limits
030	OBSOLETE PAP: Borderline; undetermined whether positive or negative

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

080	OBSOLETE PAP: Ordered, but results not in chart
110	No involvement of prostatic apex.
120	Clinical apex involvement: No involvement AND Prostatectomy apex involvement: Into/arising in, NOS.
130	Clinical apex involvement: No involvement AND Prostatectomy apex involvement: Arising in.
140	Clinical apex involvement: No involvement AND Prostatectomy apex involvement: Extension into.
150	Clinical apex involvement: No involvement AND Prostatectomy apex involvement: Unknown.
210	Clinical apex involvement: Into/arising in, NOS AND Prostatectomy apex involvement: No involvement.
220	Clinical apex involvement: Into/arising in, NOS AND Prostatectomy apex involvement: Into/arising in, NOS.
230	Clinical apex involvement: Into/arising in, NOS AND Prostatectomy apex involvement: Arising in.
240	Clinical apex involvement: Into/arising in, NOS AND Prostatectomy apex involvement: Extension into.
250	Clinical apex involvement: Into/arising in, NOS AND Prostatectomy apex involvement: Unknown.
310	Clinical apex involvement: Arising in AND Prostatectomy apex involvement: No involvement.
320	Clinical apex involvement: Arising in AND Prostatectomy apex involvement: Into/arising in, NOS.
330	Clinical apex involvement: Arising in AND Prostatectomy apex involvement: Arising in.
340	Clinical apex involvement: Arising in AND Prostatectomy apex involvement: Extension into.
350	Clinical apex involvement: Arising in AND Prostatectomy apex involvement: Unknown.
410	Clinical apex involvement: Extension into AND Prostatectomy apex involvement: No involvement.
420	Clinical apex involvement: Extension into AND Prostatectomy apex involvement: Into/arising in, NOS.
430	Clinical apex involvement: Extension into AND Prostatectomy apex involvement: Arising in.
440	Clinical apex involvement: Extension into AND Prostatectomy apex involvement: Extension into.
450	Clinical apex involvement: Extension into AND Prostatectomy apex involvement: Unknown.
510	Clinical apex involvement: Unknown AND Prostatectomy apex involvement: No involvement.
520	Clinical apex involvement: Unknown AND Prostatectomy apex involvement: Into/arising in, NOS.
530	Clinical apex involvement: Unknown AND Prostatectomy apex involvement: Arising into.

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540	Clinical apex involvement: Unknown AND Prostatectomy apex involvement: Extension into.
550	Clinical apex involvement: Unknown AND Prostatectomy apex involvement: Unknown.
999	OBSOLETE PAP: Unknown or no information. Not documented in patient record

Prostate

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

Note 1: Usually prostate cancers are graded using Gleason's score or pattern. Gleason's grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic cancer generally shows two main histologic patterns. The primary pattern, that is, the pattern occupying greater than 50% of the cancer is usually indicated by the first number of the Gleason's grade and the secondary pattern is usually indicated by the second number. These two numbers are added together to create a pattern score ranging from 2 to 10.

If there are two numbers, assume that they refer to two patterns (the first number being the primary and the second number being the secondary) and sum them to obtain the score.

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

If only one number is given and it is greater than 5, assume that it is a score.

If the pathology report specifies a specific number out of a total of 10, the first number given is the score.

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

Note 2: Following AJCC guidelines for coding multiple Gleason's Scores for prostate cancer, if there is more than one primary and secondary pattern value, the value to be coded is the one based on the larger tumor specimen. Please note that this rule is not the same as the rule for coding grade.

Code	Description
000	Test not done (test was not ordered and was not performed)
011	Primary pattern 1, secondary pattern 1
012	Primary pattern 1, secondary pattern 2
013	Primary pattern 1, secondary pattern 3
014	Primary pattern 1, secondary pattern 4
015	Primary pattern 1, secondary pattern 5
019	Primary pattern 1, secondary pattern 9
021	Primary pattern 2, secondary pattern 1
022	Primary pattern 2, secondary pattern 2
023	Primary pattern 2, secondary pattern 3
024	Primary pattern 2, secondary pattern 4
025	Primary pattern 2, secondary pattern 5
029	Primary pattern 2, secondary pattern unknown
031	Primary pattern 3, secondary pattern 1
032	Primary pattern 3, secondary pattern 2
033	Primary pattern 3, secondary pattern 3
034	Primary pattern 3, secondary pattern 4
035	Primary pattern 3, secondary pattern 5

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039	Primary pattern 3, secondary pattern unknown
041	Primary pattern 4, secondary pattern 1
042	Primary pattern 4, secondary pattern 2
043	Primary pattern 4, secondary pattern 3
044	Primary pattern 4, secondary pattern 4
045	Primary pattern 4, secondary pattern 5
049	Primary pattern 4, secondary pattern unknown
051	Primary pattern 5, secondary pattern 1
052	Primary pattern 5, secondary pattern 2
053	Primary pattern 5, secondary pattern 3
054	Primary pattern 5, secondary pattern 4
055	Primary pattern 5, secondary pattern 5
059	Primary pattern 5, secondary pattern unknown
099	Primary pattern unknown
999	Unknown or no information Not documented in patient record

Prostate

CS Site-Specific Factor 6 Gleason's Score

Note 1: Usually prostate cancers are graded using Gleason's score or pattern. Gleason's grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic cancer generally shows two main histologic patterns. The primary pattern, that is, the pattern occupying greater than 50% of the cancer, is usually indicated by the first number of the Gleason's grade and the secondary pattern is usually indicated by the second number. These two numbers are added together to create a pattern score, ranging from 2 to 10.

If there are two numbers, assume that they refer to two patterns (the first number being the primary and the second number being the secondary) and sum them to obtain the score.

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

If only one number is given and it is greater than 5, assume that it is a score.

If the pathology report specifies a specific number out of a total of 10, the first number given is the score.

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

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

Note 3: Following AJCC guidelines for coding multiple Gleason's Scores in prostate cancer, if there is more than one primary and secondary pattern value, the value to be coded is the one based on the larger tumor specimen. Please note that this rule is not the same as the rule for coding grade.

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

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Testis

CS Site-Specific Factor 3 LDH (Lactate Dehydrogenase)

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

Testis

CS Site-Specific Factor 4 Radical Orchiectomy Performed

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

Testis

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

Note 1: For CS Lymph Nodes codes 10, 20, 30, 40 and 50, the N category is assigned based on the values in the Site Specific Factor 5 Table below and the Number Lymph Nodes Positive and Size of Lymph Node Metastasis Extra Table.

Note 2: When coding cases with clinically positive lymph nodes, use Code 001 for clinical N1, Code 002 for clinical N2, and Code 003 for clinical N3.

Code	Description
000	No lymph node metastasis
001	Lymph node metastasis mass 2 cm or less in greatest dimension AND no extranodal extension of tumor
002	Lymph node metastasis mass more than 2 cm but not more than 5 cm in greatest dimension Extranodal extension of tumor
003	Lymph node metastasis mass more than 5 cm in greatest dimension
998	Regional lymph node(s) involved, size of lymph node mass, number of positive lymph nodes and extranodal extension status not stated
999	Unknown if regional nodes involved Not documented in patient record

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Testis

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Renal Pelvis and Ureter

C65.9, C66.9

C65.9 Renal pelvis

C66.9 Ureter

Note: Laterality must be coded for this site.

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

Renal Pelvis and Ureter

CS Tumor Size

SEE STANDARD TABLE

Renal Pelvis and Ureter

CS Extension

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

Code	Description	TNM	SS77	SS2000
00	Carcinoma in situ, NOS Non-invasive, intraepithelial	Tis	IS	IS
05	Papillary noninvasive carcinoma	Ta	IS	IS
10	Subepithelial connective tissue (lamina propria, submucosa) invaded	T1	L	L
20	Muscularis invaded	T2	L	L
30	Localized, NOS	T1	L	L
35	Extension to ureter from renal pelvis	T2	RE	RE
40	Extension to adjacent (connective) tissue: Peripelvic/periureteric tissue Retroperitoneal soft/connective tissue	T3	RE	RE
60	For renal pelvis only: Ipsilateral kidney parenchyma and kidney, NOS	T3	RE	RE
62	OBSOLETE: Ureter from renal pelvis (cases coded to 35)	T4	RE	RE
63	Psoas muscle from ureter	T4	RE	RE
65	Extension to bladder from ureter Implants in ureter	T4	RE	RE
66	Extension to major blood vessel(s): Aorta Renal artery/vein Vena cava (inferior) Tumor thrombus in a renal vein, NOS	T4	RE	RE

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

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

**Renal Pelvis and Ureter
CS Lymph Nodes**

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

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

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

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

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

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

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

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

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

**Malignant Melanoma of Conjunctiva
CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement**
Note: Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in hundredths of millimeters from the pathology report.

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

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Malignant Melanoma of Conjunctiva

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

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

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

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

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

**Malignant Melanoma of Iris and Ciliary Body
CS Reg Nodes Eval
SEE STANDARD TABLE**

Malignant Melanoma of Iris and Ciliary Body
Reg LN Pos
SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body
Reg LN Exam
SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body
CS Mets at DX
SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body
CS Mets Eval
SEE STANDARD TABLE

Malignant Melanoma of Iris and Ciliary Body
CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement
Note: Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in hundredths of millimeters from the pathology report.

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

Malignant Melanoma of Iris and Ciliary Body
CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Malignant Melanoma of Choroid

C69.3

(M-8720-8790)

C69.3 Choroid

Note: Laterality must be coded for these sites

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

Malignant Melanoma of Choroid

CS Tumor Size

SEE STANDARD TABLE

Malignant Melanoma of Choroid

CS Extension

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

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

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

Malignant Melanoma of Choroid

CS TS/Ext-Eval

SEE STANDARD TABLE

Malignant Melanoma of Choroid

CS Lymph Nodes

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

Malignant Melanoma of Choroid

CS Reg Nodes Eval

SEE STANDARD TABLE

Malignant Melanoma of Choroid

Reg LN Pos

SEE STANDARD TABLE

Malignant Melanoma of Choroid

Reg LN Exam

SEE STANDARD TABLE

Malignant Melanoma of Choroid

CS Mets at DX

SEE STANDARD TABLE

Malignant Melanoma of Choroid

CS Mets Eval

SEE STANDARD TABLE

Malignant Melanoma of Choroid

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

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

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

Malignant Melanoma of Choroid

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Malignant Melanoma of Choroid

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Malignant Melanoma of Choroid

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Malignant Melanoma of Choroid

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Malignant Melanoma of Choroid

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Brain and Cerebral Meninges

C70.0, C71.0-C71.9

C70.0 Cerebral meninges

C71.0 Cerebrum

C71.1 Frontal lobe

C71.2 Temporal lobe

C71.3 Parietal lobe

C71.4 Occipital lobe

C71.5 Ventricle, NOS

C71.6 Cerebellum, NOS

C71.7 Brain stem

C71.8 Overlapping lesion of brain

C71.9 Brain, NOS

Note 1: This scheme is compatible with the AJCC fourth edition scheme TNM for brain. The AJCC opted not to recommend a TNM scheme in the sixth edition.

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

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

Brain and Cerebral Meninges

CS Tumor Size

SEE STANDARD TABLE

Brain and Cerebral Meninges

CS Extension

Note: C71.0 is SUPRAtentorial, except the following subsites coded to C71.0 are INFRAtentorial: hypothalamus, pallium, thalamus. C71.1-C71.5 are SUPRAtentorial. C71.6-C71.7 are INFRAtentorial. The following subsites coded to C71.8 are SUPRAtentorial: corpus callosum, tapetum. The following sites coded to C71.9 are SUPRAtentorial: anterior cranial fossa, middle cranial fossa, suprasellar. The following subsites coded to C71.9 are INFRAtentorial: posterior cranial fossa.

Code	Description	TNM	SS77	SS2000
05	Benign or borderline brain tumors	NA	NA	NA
10	Supratentorial tumor confined to: CEREBRAL HEMISPHERE (cerebrum) or MENINGES of CEREBRAL HEMISPHERE on one side: Frontal lobe Occipital lobe Parietal lobe Temporal lobe	NA	L	L
11	Infratentorial tumor confined to: CEREBELLUM or MENINGES of CEREBELLUM on one side: Vermis: Lateral lobes Median lobe of cerebellum	NA	L	L

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12	Infratentorial tumor confined to: BRAIN STEM or MENINGES of BRAIN STEM on one side: Medulla oblongata Midbrain (mesencephalon) Pons Hypothalamus Thalamus	NA	L	L
15	Confined to brain, NOS Confined to meninges, NOS	NA	L	L
20	Infratentorial tumor: Both cerebellum and brain stem involved with tumor on one side	NA	L	L
30	Confined to ventricles Tumor invades or encroaches upon ventricular system	NA	L	L
40	Tumor crosses the midline Tumor involves contralateral hemisphere Tumor involves corpus callosum (including splenium)	NA	RNOS	RNOS
50	Supratentorial tumor extends infratentorially to involve cerebellum or brain stem	NA	RNOS	RNOS
51	Infratentorial tumor extends supratentorially to involve cerebrum (cerebral hemisphere)	NA	RNOS	RNOS
60	Tumor invades: Bone (skull) Major blood vessel(s) Meninges (dura) Nerves, NOS Cranial nerves Spinal cord/canal	NA	RNOS	RNOS
70	Circulating cells in cerebral spinal fluid (CSF) Nasal cavity Nasopharynx Posterior pharynx Outside central nervous system (CNS)	NA	D	D
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Brain and Cerebral Meninges

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Other Parts of Central Nervous System
C70.1, C70.9, C72.0-C72.5, C72.8-C72.9**

- C70.1 Spinal meninges
- C70.9 Meninges, NOS
- C72.0 Spinal cord
- C72.1 Cauda equina
- C72.2 Olfactory nerve
- C72.3 Optic nerve
- C72.4 Acoustic nerve
- C72.5 Cranial nerve, NOS
- C72.8 Overlapping lesion of brain and central nervous system
- C72.9 Nervous system, NOS

Note: This schema is compatible with the AJCC fourth edition TNM for spinal cord. AJCC does not define TNM staging for this site in the sixth edition.

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 - WHO Grade Classification 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
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**Other Parts of Central Nervous System
CS Tumor Size
SEE STANDARD TABLE**

**Other Parts of Central Nervous System
CS Extension**

Code	Description	TNM	SS77	SS2000
05	Benign or borderline brain tumors	NA	NA	NA
10	Tumor confined to tissue or site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Meningeal tumor infiltrates nerve Nerve tumor infiltrates meninges (dura)	NA	RNOS	RNOS
50	Adjacent connective/soft tissue Adjacent muscle	NA	RNOS	RNOS
60	Brain, for cranial nerve tumors Major blood vessel(s) Sphenoid and frontal sinuses (skull)	NA	RNOS	RNOS
70	Brain except for cranial nerve tumors Bone, other than skull Eye	NA	D	D
80	Further contiguous extension	NA	D	D

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

Other Parts of Central Nervous System

CS TS/Ext-Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other Parts of Central Nervous System

CS Lymph Nodes

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

Other Parts of Central Nervous System

CS Reg Nodes Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other Parts of Central Nervous System

Reg LN Pos

Code	Description
99	Not applicable

Other Parts of Central Nervous System

Reg LN Exam

Code	Description
99	Not applicable

Thyroid Gland

C73.9

C73.9 Thyroid gland

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 - Solitary vs Multifocal 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-Thyroid: Papillary and Follicular - Age less than 45 Extension Size Table Histologies-Thyroid AJCC Stage-Thyroid: Papillary and Follicular - Age 45 and older AJCC Stage-Thyroid: Medullary AJCC Stage-Thyroid: Anaplastic
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Thyroid Gland

CS Tumor Size

SEE STANDARD TABLE

Thyroid Gland

CS Extension

Note: AJCC considers all anaplastic carcinomas to be T4. Collaborative Staging has implemented this as follows: If histology is equal to 8020 or 8021 and if CS Extension is equal to 00, 10, 20, 30, 40, 45, or 48, then T category is equal to T4a. For these histologies, if CS Extension is equal to 50, 52, 60, 62, 70, 72, or 80, then T category is equal to T4b. If CS Extension is equal to 95 or 99, the T category is T4NOS. For all other histologies, follow the rules as shown in the tables.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive	Tis	IS	IS
10	Single invasive tumor confined to thyroid	*	L	L
20	Multiple foci confined to thyroid	*	L	L
30	Localized, NOS	*	L	L
40	Into thyroid capsule, but not beyond	*	L	L
45	Minimal extrathyroid extension including: Strap muscle(s): Omohyoid Sternohyoid Sternothyroid	T3	RE	RE
48	Pericapsular soft/connective tissue	T3	RE	RE
50	Parathyroid Nerves: Recurrent laryngeal Vagus	T4a	RE	RE
52	Cricoid cartilages Esophagus Larynx Sternocleidomastoid muscle	T4a	RE	RE

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60	Thyroid cartilage Tumor is described as "FIXED to adjacent tissues"	T4b	RE	RE
62	Blood vessel(s) (major): Carotid artery Jugular vein Thyroid artery or vein	T4b	RE	RE
70	Bone Skeletal muscle, other than strap or sternocleidomastoid muscle	T4b	D	D
72	Trachea	T4a	D	D
80	Further contiguous extension Mediastinal tissues Prevertebral fascia	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For Extension codes 10, 20, 30, and 40 ONLY, the T category is assigned based on value of CS Tumor Size from Extension Size Table.

Thyroid Gland CS TS/Ext-Eval SEE STANDARD TABLE

Thyroid Gland CS Lymph Nodes

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

Note 2: This field includes all lymph nodes defined as Levels I – VI and Other by AJCC. The complete definitions are provided in the General Instructions for head and neck cancers.

Note 3: Codes 12-15 include ipsilateral, bilateral, contralateral, and midline lymph nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	OBSOLETE: Ipsilateral regional lymph nodes: Review and recode in 12-15.	N1a	RN	RN
11	OBSOLETE: Regional lymph nodes: Review and recode in 12-15.	N1a	D	RN
12	Level VI nodes (central compartment of the neck) Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal/Delphian Pretracheal Recurrent laryngeal Stated as N1a, NOS	N1a	RN	RN

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13	<p>Cervical nodes (other than those in central compartment) Levels I-III and Levels IV-V (except supraclavicular nodes, see code 14)</p> <ul style="list-style-type: none"> Level I node <ul style="list-style-type: none"> Submandibular (submaxillary) Submental Level II node <ul style="list-style-type: none"> Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node <ul style="list-style-type: none"> Middle deep cervical Mid jugular Level IV node <ul style="list-style-type: none"> Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Level V node <ul style="list-style-type: none"> Posterior cervical Posterior triangle (spinal accessory and transverse cervical) Other Groups <ul style="list-style-type: none"> Parapharyngeal Retropharyngeal Sub-occipital Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS <p>Stated as N1b, NOS</p>	N1b	RN	RN
14	Supraclavicular nodes (transverse cervical)	N1b	D	RN
15	<ul style="list-style-type: none"> Level VII node Posterior mediastinal (tracheoesophageal) Superior mediastinal nodes Upper anterior mediastinal nodes Upper mediastinal nodes Mediastinal, NOS 	N1b	D	RN
20	<p>OBSOLETE: Regional lymph nodes as listed in code 10 Bilateral, contralateral, or midline cervical nodes Review and recode in 12-15</p>	N1b	RN	RN
21	<p>OBSOLETE: Regional lymph nodes as listed in code 11 Bilateral, contralateral, or midline cervical nodes Review and recode in 12-15</p>	N1b	D	RN
30	<p>OBSOLETE: Tracheoesophageal (posterior mediastinal) Review and recode in 15</p>	N1b	RN	RN
31	<p>OBSOLETE: Mediastinal, NOS Upper anterior mediastinal Review and recode in 15</p>	N1b	D	RN
50	Regional lymph node(s), NOS	N1NOS	RN	RN
80	Lymph nodes, NOS	N1NOS	RN	RN

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U
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Thyroid Gland
CS Reg Nodes Eval
SEE STANDARD TABLE

Thyroid Gland
Reg LN Pos
SEE STANDARD TABLE

Thyroid Gland
Reg LN Exam
SEE STANDARD TABLE

Thyroid Gland
CS Mets at DX

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	OBSOLETE: Mandibular (facial) node. Review and recode in CS Lymph Nodes	M1	D	D
11	OBSOLETE: Level I nodes. Review and recode in CS Lymph Nodes	M1	D	D
12	Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 12) Carcinomatosis Distant metastasis, NOS	M1	D	D
50	OBSOLETE: (40) + or any of [(10) to (12)] Distant lymph node(s) plus other distant metastasis Review and recode to 40 or to 51 and appropriate code in CS Lymph Nodes	M1	D	D
51	(12) + (40) Distant lymph node(s) plus other distant metastasis	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Thyroid Gland
CS Mets Eval
SEE STANDARD TABLE

Thyroid Gland

CS Site-Specific Factor 1 Solitary vs Multifocal

Code	Description
000	None
001	Solitary tumor
002	Multifocal tumor [AJCC descriptor (m)]
999	Insufficient information Not documented in patient record

Thyroid Gland

CS Site-Specific Factor 2

Code	Description
888	Not applicable for this site

Thyroid Gland

CS Site-Specific Factor 3

Code	Description
888	Not applicable for this site

Thyroid Gland

CS Site-Specific Factor 4

Code	Description
888	Not applicable for this site

Thyroid Gland

CS Site-Specific Factor 5

Code	Description
888	Not applicable for this site

Thyroid Gland

CS Site-Specific Factor 6

Code	Description
888	Not applicable for this site

Collaborative Staging Manual and Coding Instructions Part II: Primary Site Schema

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Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

Reg LN Pos

SEE STANDARD TABLE

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

Reg LN Exam

SEE STANDARD TABLE

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Mets at DX

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

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Mets Eval

Code	Description	Staging Basis
9	Not applicable for this site	NA

Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

CS Site-Specific Factor 1 WHO Grade Classification

Note 1: WHO grade applies only to C75.1 pituitary gland, C75.2 craniopharyngeal duct, C75.3 pineal gland. For all other sites in this schema, enter code 999.

Note 2: Code the WHO Grade Classification as documented in the medical record.

Code	Description
010	Grade I
020	Grade II
030	Grade III
040	Grade IV
999	Clinically diagnosed/grade unknown Does not apply Not documented in medical record Grade unknown, NOS

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Site-Specific Factor 2**

Code	Description
888	Not applicable for this site

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Site-Specific Factor 3**

Code	Description
888	Not applicable for this site

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Site-Specific Factor 4**

Code	Description
888	Not applicable for this site

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Site-Specific Factor 5**

Code	Description
888	Not applicable for this site

**Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands
CS Site-Specific Factor 6**

Code	Description
888	Not applicable for this site