

Collaborative Staging Codes**Maxillary Sinus****C31.0**

C31.0 Maxillary sinus

Note: Laterality must be coded for this site.**Maxillary Sinus****CS Tumor Size****SEE STANDARD TABLE****Maxillary Sinus****CS Extension (Revised: 08/15/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to mucosa of maxillary antrum (sinus) without erosion or destruction of bone	T1	L	L
30	Localized, NOS	T1	L	L
40	Invasion of infrastructure: Hard palate except extension to posterior wall of sinus pterygoid plates (code 68) Middle nasal meatus, except extension to posterior wall of sinus and pterygoid plates (code 68) Nasal cavity (floor, lateral wall, septum, turbinates) Palatine bone Tumor causing bone erosion or destruction, except for the posterior antral wall	T2	RE	RE
60	Invasion of suprastructure: Ethmoid sinus, anterior Floor or medial wall of orbit Floor or posterior wall of maxillary sinus Subcutaneous tissues	T3	RE	RE
65	Bone of the posterior wall of maxillary sinus Invasion of maxilla, NOS	T3	RE	RE
66	Ethmoid sinus Posterior ethmoid, NOS Pterygoid sinus	T3	RE	RE

68	Anterior orbital contents Cribriform plate Frontal sinus Infratemporal fossa Pterygoid plates Skin of cheek Sphenoid sinus	T4a	RE	RE
70	Base of skull Orbital contents, including eye Pterygomaxillary or temporal fossa Soft palate	T4b	RE	RE
75	Brain Clivus Cranial nerves other than (V2) Dura Middle cranial fossa Nasopharynx Orbital apex	T4b	RE	RE
80	Further contiguous extension	T4NOS	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

Maxillary Sinus**CS TS/Ext-Eval****SEE STANDARD TABLE**

NOTE: For this primary site code CS Tumor Size/Ext Eval on the basis of the CS Extension field only.

Maxillary Sinus**CS Lymph Nodes (Revised: 08/22/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

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

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

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

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

12	<p>Single positive ipsilateral regional node:</p> <p>Level V node</p> <p>Posterior cervical</p> <p>Posterior triangle (spinal accessory and transverse cervical)</p> <p>(upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes)</p> <p>Level VI node</p> <p>Anterior deep cervical</p> <p>Laterotracheal</p> <p>Paralaryngeal</p> <p>Paratracheal</p> <p>Prelaryngeal</p> <p>Pretracheal</p> <p>Recurrent laryngeal</p> <p>Level VII node</p> <p>Upper mediastinum (for other mediastinal nodes see CS Mets at DX)</p> <p>Other groups</p> <p>Intraparotid</p> <p>Parapharyngeal</p> <p>Periparotid</p> <p>Retropharyngeal</p> <p>Sub-occipital</p> <p>Supraclavicular, NOS (See Note 4)</p>	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple or regional	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN

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

Maxillary Sinus**Reg LN Pos****SEE STANDARD TABLE****Maxillary Sinus****Reg LN Exam****SEE STANDARD TABLE****Maxillary Sinus****CS Mets at DX****SEE STANDARD TABLE**

Collaborative Staging Codes**Ethmoid Sinus****C31.1**

C31.1 Ethmoid sinus

Ethmoid Sinus**CS Tumor Size****SEE STANDARD TABLE****Ethmoid Sinus****CS Extension (Revised: 08/14/2006)**

Note 1: Involvement of or extension to bone includes any type of tumor extension to the bone, such as erosion, invasion, extension, penetration, or destruction.

Note 2: Extension to structures in codes 40 and higher may be from one or both ethmoid sinuses.

Note 3: In code 70, "minimal extension to anterior cranial fossa" implies tumor pushing through cribriform plate, but without invasion of the dura or brain.

Note 4: For involvement of base of skull, NOS, try to determine if the involvement is anterior skull base (cribriform plate, code 63, or roof of orbit, code 76) or central (clivus, code 76). If more specific information is not available, use code 62.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
12	Invasive tumor confined to left or right ethmoid sinus without bone involvement	T1	L	L
14	Confined to both ethmoid sinuses without bone involvement	T2	RE	RE
16	Confined to ethmoid, NOS without bone involvement	T1	L	L
22	Invasive tumor confined to either left or right ethmoid WITH bony invasion (involvement of perpendicular plate of ethmoid bone or ethmoid air cells)	T1	L	L
24	Confined to both ethmoid sinuses WITH bony invasion (involvement of perpendicular plate of ethmoid bone or ethmoid air cells)	T2	RE	RE
26	Confined to ethmoid, NOS with bone invasion (involvement of perpendicular plate of ethmoid bone or ethmoid air cells)	T1	L	L
30	Localized, NOS	T1	L	L
40	Extension to nasal cavity with or without bony invasion (involvement of perpendicular plate of ethmoid bone or	T2	RE	RE

40 cont'd	ethmoid air cells) Floor Lateral wall Nasal vestibule Nasal cavity, NOS Septum Turbinates	T2	RE	RE
62	Base of skull, NOS	T3	RE	RE
63	Cribriform plate	T3	RE	RE
64	Medial wall or floor of orbit; orbital plate	T3	RE	RE
65	Maxillary sinus	T3	RE	RE
66	Palate	T3	D	D
70	Anterior orbital contents Frontal sinus Maxillary nerve (the second division of the 5 th cranial nerve) Minimum extension to anterior cranial fossa (**see note 3) Pterygoid plate Skin of external nose or cheek Sphenoid sinus	T4a	RE	RE
72	(66) + (70)	T4a	D	D
76	Brain Clivus Cranial nerves other than the maxillary nerve (the second division of the 5 th cranial nerve) Dura Middle cranial fossa Nasopharynx Orbital apex or roof	T4b	RE	RE
78	(66) + (76)	T4b	D	D
80	Further contiguous extension	T4NOS	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

Ethmoid Sinus**CS TS/Ext-Eval****SEE STANDARD TABLE**

NOTE: For this primary site code CS Tumor Size/Ext Eval on the basis of the CS Extension field only.

Ethmoid Sinus**CS Lymph Nodes (Revised: 08/22/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

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

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

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS200 0
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN

12	<p>Single positive ipsilateral regional node:</p> <p>Level V node</p> <p>Posterior cervical</p> <p>Posterior triangle (spinal accessory and transverse cervical)</p> <p>(upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes)</p> <p>Level VI node</p> <p>Anterior deep cervical</p> <p>Laterotracheal</p> <p>Paralaryngeal</p> <p>Paratracheal</p> <p>Prelaryngeal</p> <p>Pretracheal</p> <p>Recurrent laryngeal</p> <p>Level VII node</p> <p>Upper mediastinum (for other mediastinal nodes see CS Mets at DX)</p> <p>Other groups</p> <p>Intraparotid</p> <p>Parapharyngeal</p> <p>Periparotid</p> <p>Retropharyngeal</p> <p>Sub-occipital</p> <p>Supraclavicular, NOS (See Note 4)</p>	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	<p>Regional lymph nodes as listed in code 10:</p> <p>Positive ipsilateral node(s), not stated if single or multiple or regional</p>	*	RN	RN
32	<p>Regional lymph nodes as listed in code 12:</p> <p>Positive ipsilateral node(s), not stated if single or multiple</p>	*	D	D
40	<p>Regional lymph nodes as listed in code 10:</p> <p>Positive bilateral or contralateral nodes</p>	*	RN	RN
42	<p>Regional lymph nodes as listed in code 12:</p> <p>Positive bilateral or contralateral nodes</p>	*	D	D

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

Ethmoid Sinus**Reg LN Pos****SEE STANDARD TABLE****Ethmoid Sinus****Reg LN Exam****SEE STANDARD TABLE****Ethmoid Sinus****CS Mets at DX****SEE STANDARD TABLE**

Collaborative Staging Codes**Accessory (Paranasal) Sinuses****C31.2-C31.3, C31.8-C31.9**

C31.2 Frontal sinus

C31.3 Sphenoid sinus

C31.8 Overlapping lesion of accessory sinuses

C31.9 Accessory sinus, NOS

Note 1: Laterality must be coded for Frontal sinus, C31.2**Note 2:** AJCC does not define TNM staging for this site.**Accessory (Paranasal) Sinuses****CS Tumor Size****SEE STANDARD TABLE****Accessory (Paranasal) Sinuses****CS Extension (Revised: 03/17/2004)**

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	NA	IS	IS
10	Invasive tumor confined to mucosa of one of the following: Frontal sinus Sphenoid sinus	NA	L	L
30	Localized, NOS	NA	L	L
40	More than one accessory sinus invaded Destruction of bony wall of sinus	NA	RE	RE
50	Palate Nasal cavity, NOS: Floor Lateral wall Septum Turbinates	NA	RE	RE
60	Bone: Facial bones Maxilla Orbital structures Pterygoid fossa Zygoma	NA	RE	RE
70	Brain Cranial nerves Muscles:	NA	RE	RE

70 cont'd	Masseter Pterygoid Nasopharynx Orbital contents, including eye Soft tissue Skin	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Accessory (Paranasal) Sinuses**CS TS/Ext-Eval (Revised: 03/17/2004)**

Code	Description	Staging Basis
9	Not applicable for this site	NA

Accessory (Paranasal) Sinuses**CS Lymph Nodes (Revised: 08/21/2006)**

Note 1: For head and neck schemes, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

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

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

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

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

10 cont'd	Upper jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Retropharyngeal Regional lymph node, NOS	NA	RN	RN
12	Single positive ipsilateral regional node: Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supramohyoid) Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotrachea Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	NA	D	D
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

Accessory (Paranasal) Sinuses**Reg LN Pos****SEE STANDARD TABLE****Accessory (Paranasal) Sinuses****Reg LN Exam****SEE STANDARD TABLE****Accessory (Paranasal) Sinuses****CS Mets at DX (Revised: 12/09/2003)**

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

Site Specific Surgery Codes**All Other Sites**

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

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

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

No specimen sent to pathology from surgical events 10–14

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

Any combination of 20 or 26–27 WITH

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

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

- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

- 30 Simple/partial surgical removal of primary site
- 40 Total surgical removal of primary site; enucleation
 - 41 Total enucleation (for eye surgery only)
- 50 Surgery stated to be “debulking”

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

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

- 90 Surgery, NOS

- 99 Unknown if surgery performed; death certificate ONLY