SEER Site-Specific Coding Guidelines
LUNG
C340–C349

Primary Site
C340 **Main bronchus**
Carina
Hilum

C341 **Upper lobe**, lung
Lingula
Apex

C342 **Middle lobe**, lung (right lung only)

C343 **Lower lobe**, lung
Base

C348 **Overlapping** lesion of lung

C349 **Lung, NOS**
Bronchus, NOS

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

Tumor Size
Priorities for coding size
1. **Pathology** report
2. **Operative** report
3. **Endoscopic** examination, where applicable
4. **Imaging** reports
   Imaging reports do not have a priority. Code the largest size of tumor recorded on any of the imaging reports.

General Instructions for Coding Tumor Size

DO **NOT** CODE size of **hilar mass** unless primary is stated to be in the hilum.

Collaborative Staging Codes
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).

Lung
CS Tumor Size (Revised: 07/28/2006)
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," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 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

Lung

CS Extension (Revised: 09/25/2007)

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. According to the AJCC Manual 6th Edition (page 171): "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." For lung cases only, a single negative cytology is not sufficient to disregard the pleural effusion.

B. Assume that a pleural effusion is not due to tumor if a resection is done.

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
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
57	Stated as T3, 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	T3	D	RE

60 cont'd	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
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

Lung
CS TS/Ext-Eval (Revised: 08/21/2006)

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examinationg, 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 (Revised: 08/15/2006)

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 CS Extension code 70 for these manifestations and not CS lymph nodes. 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:	N2	RN	RN

20 cont'd	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

Lung
Reg LN Pos
SEE STANDARD TABLE

Lung
Reg LN Exam
SEE STANDARD TABLE

Lung
CS Mets at DX (Revised: 08/22/2006)

Code	Description	TNM	SS77	SS2000
00	No; none	*	NONE	NONE
10	Distant lymph node(s), including cervical nodes	M1	D	D

35	Separate tumor nodule(s) in different lobe, same lung	M1	L	D
37	Extension to: Sternum Skeletal muscle Skin of chest	M1	D	D
39	Extension to: Contralateral lung Contralateral main stem bronchus Separate tumor nodule(s) in contralateral lung	M1	D	D
40	Abdominal organs Distant metastases except distant lymph node(s) (code 10) except those specified in codes 35 to 39, including separate lesion in chest wall or diaphragm Distant metastasis, NOS Carcinomatosis	M1	D	D
50	Distant metastases + Distant node(s) (10) + any of [(35) to (40)]	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	**	U	U

Site Specific Surgery Codes
Lung
C340–C349
(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS
Unknown whether a specimen was sent to pathology for surgical events coded 19 (Used principally for cases diagnosed prior to January 1, 2003)

15 Local tumor destruction, NOS
- 12 Laser ablation or cryosurgery
- 13 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 12-13 and 15

20 Excision or resection of less than one lobe, NOS
- 23 Excision, NOS
- 24 Laser excision
- 25 Bronchial sleeve resection ONLY
- 21 Wedge resection
- 22 Segmental resection, including lingulectomy

Specimen sent to pathology from surgical events 20–25

30 Resection of [at least one] lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)
- 33 Lobectomy WITH mediastinal lymph node dissection

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

45 Lobe or bilobectomy extended, NOS
- 46 WITH chest wall
- 47 WITH pericardium
- 48 WITH diaphragm

55 Pneumonectomy, NOS
[**SEER Note**: Code 55 includes complete pneumonectomy, Sleeve pneumonectomy, Standard pneumonectomy, Total pneumonectomy, Resection of whole lung]

56 WITH mediastinal lymph node dissection (radical pneumonectomy)
The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery (NAACCR Item # 1292).

65 Extended pneumonectomy

66 Extended pneumonectomy plus pleura or diaphragm

70 Extended radical pneumonectomy

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

[**SEER Note**: An extended radical pneumonectomy is a radical pneumonectomy (including removal of mediastinal nodes) and the removal of other tissues or nodes]

80 Resection of lung, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY