

Hard Palate**C05.0**

C05.0 Hard palate

Hard Palate**CS Tumor Size****SEE STANDARD TABLE****Hard Palate****CS Extension (Revised 08/22/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to mucoperiosteum (stroma)	*	L	L
30	Localized, NOS	*	L	L
40	Tumor crosses midline	*	L	L
50	Buccal mucosa (inner cheek) Gingiva, upper Glossopalatine arch Pharyngopalatine arch Soft palate Uvula	*	RE	RE
70	Maxillary bone Palatine bone	T4a	RE	RE
74	Deep muscle of tongue Floor of nose Maxillary antrum (sinus) Nasal cavity Nasopharynx Skin of face Sphenoid bone	T4a	D	D
76	Pterygoid plate	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	T0	U	U

99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
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Hard Palate**CS TS/Ext-Eval****SEE STANDARD TABLE****Hard Palate****CS Lymph Nodes (Revised: 08/21/2006)**

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 (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Retropharyngeal Regional lymph node, NOS	*	RN	RN

11	Single positive ipsilateral regional node: Level I node Submental	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Metsat DX) Other groups Parapharyngeal Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D

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

Hard Palate**Reg LN Pos****SEE STANDARD TABLE****Hard Palate****Reg LN Exam****SEE STANDARD TABLE**

Hard Palate**CS Mets at DX (Revised: 08/14/2006)**

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

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

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

C05.1 Soft Palate, NOS

C05.2 Uvula

Note 1: AJCC includes inferior surface of the soft palate (C05.1) and uvula (C05.2) with oropharynx (C09._, C10._).

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

Soft Palate, Uvula**CS Tumor Size****SEE STANDARD TABLE****Soft Palate, Uvula****CS Extension (Revised: 08/22/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to: Lamina propria Submucosa	*	L	L
20	Musculature invaded	*	L	L
30	Localized, NOS	*	L	L
40	Tumor crosses midline	*	L	L
50	Buccal mucosa (inner cheek) Gum (gingiva), upper	*	RE	RE
60	Lateral pharyngeal wall Tonsillar pillars and fossae Tonsils	*	RE	RE
65	Hard palate	T4a	RE	RE
70	Mandible Maxilla Palatine bone (bone of hard palate)	T4a	D	D
71	Pterygoid muscle, medial or NOS	T4a	D	D
72	Tongue Deep extrinsic muscle of tongue	T4a	D	D
73	Larynx	T4a	D	D

74	Maxillary antrum (sinus) Nasopharynx, lateral or NOS	T4b	D	D
77	Nasal cavity	T4a	RE	D
78	Pterygoid muscle, lateral Pterygoid plates Note: For medial pterygoid muscle or pterygoid muscle, NOS, see code 71	T4b	RE	D
79	[(77) or (78)] with any of [(70) to (76)]	T4b	D	D
80	Further contiguous extension Carotid artery Skull base	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Soft Palate, Uvula**CS TS/Ext-Eval****SEE STANDARD TABLE****Soft Palate, Uvula****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 (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Other groups Retropharyngeal	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Parapharyngeal	*	D	D

12 cont'd	Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D

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

Soft Palate, Uvulaa**Reg LN Pos****SEE STANDARD TABLE****Soft Palate, Uvula****Reg LN Exam****SEE STANDARD TABLE****Soft Palate, Uvula****CS Mets at DX (Revised: 08/14/2006)**

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

Oral Cavity

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

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

Other Parts of Mouth C060–C069

(Except for 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

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

- 30 Wide excision, NOS
 - Code 30 includes:
 - Hemiglossectomy
 - Partial glossectomy
- 40 Radical excision of tumor, NOS
 - 41 Radical excision of tumor ONLY
 - 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)

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

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

Codes 40–43 include:

Total glossectomy
Radical glossectomy

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY