

MelanomaLipOther
Malignant Melanoma of Other Lip
Lip (Vermilion or Labial Mucosa)
C00.2, C00.5, C00.8-C00.9

(M-8720-8790)

C00.2 External lip, NOS

C00.5 Mucosa of lip, NOS

C00.8 Overlapping lesion of lip

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

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

MelanomaLipOther
CS Tumor Size
See Standard Table

MelanomaLipOther
CS Extension

Note 1: AJCC does not include a Tis or TX category for melanoma of mucosa of head and neck sites. Extension codes of 000 and 999 will be mapped to NA and AJCC stage group will be derived as NA.

Note 2: AJCC does not include a T1 or T2 category for mucosal melanoma of head and neck sites.

Note 3: Use code 300 for localized tumor ONLY if no information is available to assign code 105 or 470.

Note 4: Use code 470, 775, 810, or 815 if the physician's assignment of T category is the ONLY information available about the extent of the tumor.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; noninvasive; intraepithelial	NA	NA	IS	IS
100	OBSOLETE DATA RETAINED V0200 Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	ERROR	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
105	Tumor confined to mucosa of lower lip: Labial mucosa (inner lip) Vermilion surface	T3	NA	L	L
200	OBSOLETE DATA CONVERTED V0200 See code 520 Musculature	ERROR	ERROR	ERROR	ERROR
300	Localized, NOS	T3	NA	L	L
400	Extension via mucosa to: Inner cheek (buccal mucosa) Commissure (for lower lip) Opposite (both) lip(s)	T3	NA	RE	RE
410	Extension via mucosa to: Lower gingiva Gingiva, NOS	T3	NA	RE	RE
470	Stated as T3 with no other information on extension	T3	NA	L	L
500	OBSOLETE DATA RETAINED V0200 Inner cheek (buccal mucosa) Commissure Opposite (both) lip(s)	ERROR	NA	RE	RE
510	OBSOLETE DATA RETAINED V0200 Gingiva	ERROR	NA	RE	RE
520	Involvement of deep soft tissue or musculature of lower lip Soft tissue, NOS	T4a	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
530	520 + (400 or 410) (Involvement of deep soft tissue or musculature of lower lip + Mucosal involvement of any structure in code 400 or 410)	T4a	NA	RE	RE
540	Involvement of deep soft tissue or musculature of any structure in code 400	T4a	NA	RE	RE
550	Involvement of deep tissue or periosteum of lower gingiva	T4a	NA	RE	RE
748	Involvement of deep tissue or musculature of floor of mouth or tongue Inferior alveolar nerve	T4a	NA	D	D
750	OBSOLETE DATA RETAINED V0200 Tongue	ERROR	NA	D	D
755	Extrinsic muscle of tongue Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	NA	D	D
760	Skin of face/neck	T4a	NA	D	D
765	Cartilage, NOS Cortical bone, NOS Bone, NOS excluding skull base	T4a	NA	D	D
770	OBSOLETE DATA RETAINED V0200 Cortical bone (other than code 700)	ERROR	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
770 cont'd	Floor of mouth Inferior alveolar nerve	ERROR	NA	D	D
775	Stated as T4a with no other information on extension	T4a	NA	L	L
790	Contiguous extension: Masticator space Pterygoid plates Skull base Internal carotid artery (encased)	T4b	NA	D	D
800	OBSOLETE DATA RETAINED V0200 Further contiguous extension	ERROR	NA	D	D
801	Further contiguous extension including: Brain Dura Lower cranial nerves (IX, X, XI, XII) Prevertebral space Mediastinal structures	T4b	NA	D	D
810	Stated as T4b with no other information on extension	T4b	NA	D	D
815	Stated as T4, NOS with no other information on extension	T4NOS	NA	L	L
950	OBSOLETE DATA RETAINED V0200 No evidence of primary tumor	ERROR	NA	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	NA	U	U

MelanomaLipOther
CS Tumor Size/Ext Eval
See Standard Table

MelanomaLipOther
CS Lymph Nodes

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

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, levels involved, and location above or below the lower border of the cricoid cartilage) is coded in Site-Specific Factors 1, 3-9.

Note 3: 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 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	NA	NONE	NONE
100	Positive regional node(s): Level I node: Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Other groups: Facial: Buccinator (buccal) Mandibular Nasolabial Parotid: Infraauricular Intraparotid Periparotid Preauricular Regional lymph node, NOS	N1	NA	RN	RN
110	Positive regional node(s): Level II node - Upper jugular Jugulodigastric (subdigastric) Upper deep cervical Level III node - Middle jugular Middle deep cervical	N1	NA	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110 cont'd	Level IV node - Lower jugular Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Cervical, NOS Deep cervical, NOS Internal jugular, NOS	N1	NA	D	RN
120	Positive regional node(s): Level V node - Posterior triangle group Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular (see Note 3) Level VI node - Anterior compartment group Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Prelaryngeal Pretracheal - above suprasternal notch Recurrent laryngeal Level VII node - Superior mediastinal group (for other mediastinal nodes see CS Mets at DX) Esophageal groove Paratracheal - below suprasternal notch Pretracheal - below suprasternal notch Other groups: Parapharyngeal Retroauricular Retropharyngeal Suboccipital	N1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
180	Stated as N1 no other information	N1	NA	RN	RN
190	OBSOLETE DATA RETAINED V0200 Stated as N2a, no other information	ERROR	NA	RN	RN
200	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes listed in code 100	ERROR	NA	RN	RN
210	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes listed in code 110	ERROR	NA	D	RN
220	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes, any listed in code 120	ERROR	NA	D	D
290	OBSOLETE DATA RETAINED V0200 Stated as N2b, no other information	ERROR	NA	RN	RN
300	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	RN	RN
320	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	D	D
400	OBSOLETE DATA RETAINED V0200	ERROR	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	Regional lymph nodes as listed in code 100: Positive bilateral or contralateral nodes	ERROR	NA	RN	RN
410	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 110 Positive bilateral or contralateral nodes	ERROR	NA	D	RN
420	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive bilateral or contralateral nodes	ERROR	NA	D	D
490	OBSOLETE DATA RETAINED V0200 Stated as N2c, no other information	ERROR	NA	RN	RN
500	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	ERROR	NA	RN	RN
510	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 110 Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	ERROR	NA	D	RN
520	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive node(s), not stated if ipsilateral,	ERROR	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520 cont'd	or bilateral, or contralateral, AND not stated if single or multiple	ERROR	NA	D	D
600	OBSOLETE DATA RETAINED V0200 Stated as N2, NOS	ERROR	NA	RN	RN
700	OBSOLETE DATA RETAINED V0200 Stated as N3, no other information	ERROR	NA	RN	RN
800	Lymph nodes, NOS, no other information	N1	NA	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NA	U	U

MelanomaLipOther**Reg LN Pos**

Note: Record this field even if there has been preoperative

See Standard Table

MelanomaLipOther**Reg LN Exam**

See Standard Table

MelanomaLipOther CS Mets at DX

Note: Supraclavicular and transverse cervical lymph nodes are coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	NA	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	NA	D	D
40	Distant metastases except distant lymph node(s)(code 10) Carcinomatosis	M1	NA	D	D
50	10 + 40) (Distant lymph node(s) + Other distant metastases)	M1	NA	D	D
60	Distant metastasis, NOS Stated as M1, NOS	M1	NA	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	NA	U	U