

MelanomaGumLower
Malignant Melanoma of Lower Gum and Retromolar Area
Retromolar gingiva (trigone
C03.1, C06.2

(M-8720-8790)

C03.1 Lower gum

C06.2 Retromolar area

MelanomaGumLower
CS Tumor Size
See Standard Table

MelanomaGumLower
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 lamina propria (mucoperiosteum) (stroma)	ERROR	NA	L	L
105	Tumor confined to mucosa	T3	NA	L	L
300	Localized, NOS	T3	NA	L	L
400	Extension via mucosa to: Inner cheek (buccal mucosa) Floor of mouth Lower lip (labial mucosa) Lip NOS (labial mucosa) Tongue mucosa	T3	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	Lateral pharyngeal wall Tonsillar pillars Tonsillar fossae Tonsils Soft palate including uvula	T3	NA	RE	RE
440	Extension via mucosa to upper lip (labial mucosa)	T3	NA	D	RE
470	Stated as T3 with no other information on extension	T3	NA	L	L
500	OBSOLETE DATA RETAINED V0200 Buccal mucosa (inner cheek) Floor of mouth Labial mucosa (inner lip), lip Tongue	ERROR	NA	RE	RE
510	Involvement of deep tissue or periosteum of lower gum	T4a	NA	L	L
520	510 + 400 (Involvement of deep tissue of lower gum + Mucosal involvement of any structure in code 400)	T4a	NA	RE	RE
530	Involvement of deep soft tissue or musculature of any structure in code 400	T4a	NA	RE	RE
550	Facial muscle, NOS Subcutaneous soft tissue of face	T4a	NA	RE	RE
600	OBSOLETE DATA RETAINED V0200 Lateral pharyngeal wall Tonsillar pillars and fossae; Tonsils	ERROR	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650	OBSOLETE DATA RETAINED V0200 Soft palate including uvula	ERROR	NA	RE	RE
700	Cartilage of mandible Cartilage, NOS Cortical bone of mandible Cortical bone, NOS Mandible, NOS Bone NOS, except maxilla, skull base	T4a	NA	RE	RE
720	Extrinsic muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	NA	RE	RE
725	(510 through 720) + 440 (Involvement of any structure in codes 510 through 720 + Mucosal involvement of upper lip)	T4a	NA	D	RE
730	Deep soft tissues or musculature of upper lip	T4a	NA	D	RE
760	Skin of face	T4a	NA	D	D
770	Cartilage of maxilla Cortical bone of maxilla Maxilla, NOS Maxillary sinus	T4a	NA	D	D
775	Stated as T4a with no other information on extension	T4a	NA	L	L
790	OBSOLETE DATA CONVERTED V0200	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
790 cont'd	See Code 800 Skull	ERROR	ERROR	ERROR	ERROR
800	Contiguous extension: Pterygoid plates Skull base Masticator space Internal carotid artery (encased)	T4b	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

MelanomaGumLower
CS Tumor Size/Ext Eval
See Standard Table

MelanomaGumLower**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 of involved nodes 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 Level II node - Upper jugular Jugulodigastric (subdigastric) Upper deep cervical Level III node - Middle jugular Middle deep cervical Level IV node - Lower jugular Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Mandibular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS	N1	NA	RN	RN
110	Positive regional node(s): Buccinator (buccal) Nasolabial	N1	NA	D	RN
120	Positive regional node(s):	N1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	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: Parotid: Infraauricular Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular (mastoid) Retropharyngeal Suboccipital	N1	NA	D	D
180	Stated as N1, no other information	N1	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
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
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 Regional lymph nodes as listed in code 100: Positive bilateral or contralateral nodes	ERROR	NA	RN	RN
420	OBSOLETE DATA RETAINED V0200	ERROR	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
420 cont'd	Regional lymph nodes as listed in code 120: Positive bilateral or contralateral nodes (WITH or WITHOUT nodes listed in code 100 or 110)	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
520	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive node(s), not stated if ipsilateral, 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	N1	NA	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NA	U	U

MelanomaGumLower**Reg LN Pos**

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

See Standard Table

MelanomaGumLower**Reg LN Exam**

See Standard Table

MelanomaGumLower**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