

PalateSoft
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).

PalateSoft
CS Tumor Size

Note 1: Code the specific tumor size as stated in the medical record. Use code 992 or 994 if the physician's statement about T value is the **ONLY** information available about the size of the tumor. (Refer to the CS Extension table for instructions on coding extension.)

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" Stated as T1 with no other information on size
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" Stated as T2 with no other information on size
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
996	Described as "greater than 5cm"
999	Unknown; size not stated Not documented in patient record

PalateSoft CS Extension

Note 1: Use code 300 for localized tumor ONLY if no information is available to assign code 100, 200, 400, 405, or 410.

Note 2: Use code 405, 410, 645, 735, 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	Tis	Tis	IS	IS
100	Invasive tumor on one side confined to: Lamina propria Submucosa	^	*	L	L
200	Musculature invaded	^	*	L	L
300	Localized, NOS	^	*	L	L
400	Tumor crosses midline	^	*	L	L
405	Stated as T1 with no other information on extension	^	*	L	L
410	Stated as T2 with no other information on extension	^	*	L	L
500	Buccal mucosa (inner cheek) Gum (gingiva), upper	^	*	RE	RE
600	Lateral pharyngeal wall Tonsillar pillars and fossae Tonsils	^	*	RE	RE
640	Epiglottis, lingual surface	T3	*	D	D
645	Stated as T3 with no other information on extension	T3	*	RE	RE
650	Hard palate	T4a	T4a	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
670	Nasal cavity	T4a	T4a	RE	D
675	(660 or 670) + 640 (Hard palate or Nasal cavity + Epiglottis, lingual surface)	T4a	T4a	D	D
700	Mandible Maxilla Palatine bone (bone of hard palate)	T4a	T4a	D	D
710	Pterygoid muscle, medial or NOS	T4a	T4a	D	D
720	Tongue Deep (extrinsic) muscle of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus	T4a	T4a	D	D
730	Larynx Hypopharynx	T4a	T4a	D	D
735	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
740	Maxillary sinus (antrum) Nasopharynx, lateral or NOS	T4b	T4b	D	D
770	OBSOLETE DATA CONVERTED V0200 Moved to lower code for better sequencing of AJCC T4a, see code 670 Nasal cavity	ERROR	ERROR	ERROR	ERROR
780	Pterygoid muscle, lateral	T4b	T4b	RE	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
780 cont'd	Pterygoid plates Note: For medial pterygoid muscle or pterygoid muscle, NOS, see code 710	T4b	T4b	RE	D
790	780 + (640, 700 to 740) (Any structure in 780 + any structure in 640, 700 to 740)	T4b	T4b	D	D
800	Further contiguous extension including: arotid artery (encased) Skull base	T4b	T4b	D	D
810	Stated as T4b with no other information on extension	T4b	T4b	RE	D
815	Stated as T4, NOS with no other information on extension	T4NOS	T4NOS	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For Extension codes 100 - 600 ONLY, the T category for AJCC 7th Edition staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

* For Extension codes 100 - 645 ONLY, the T category for AJCC 6th Edition staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

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CS Tumor Size/Ext Eval

See Standard Table

PalateSoft**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: 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.

Note 5: The description of lymph nodes has been standardized across the head and neck schemas. All lymph node levels and groups listed here are considered regional nodes for AJCC staging.

Summary Stage 1977 and Summary Stage 2000 divide these nodes into regional and distant groups.

Note 6: Level IA nodes moved from code 100 in CSv1 to code 110, Retropharyngeal nodes moved from codes 110 and 120 to code 100.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
100	Single positive ipsilateral regional node: Level I node Level IB - Submandibular (submaxillary) Level II node - Upper jugular Jugulodigastric (subdigastric) Upper deep cervical Level IIA Level IIB Level III node - middle jugular Middle deep cervical Level IV node - Lower jugular Lower deep cervical Virchow node Other groups: Retropharyngeal Cervical, NOS Deep cervical, NOS	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Internal jugular, NOS Regional lymph node, NOS	^	*	RN	RN
110	Single positive ipsilateral regional node: Level I node Level IA - Submental	^	*	D	RN
120	Single positive ipsilateral regional node: Level V node - Posterior triangle group Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular 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: Facial: Buccinator (buccal0	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Mandibular Nasolabial Parotid: Infraauricular Intraparotid Periparotid Preauricular Parapharyngeal Retropharyngeal Sublingual Suboccipital	^	*	D	D
180	Stated as N1, no other information	N1	N1	RN	RN
190	Stated as N2a, no other information	N2a	N2a	RN	RN
200	Multiple positive ipsilateral nodes listed in code 100	^	*	RN	RN
210	Multiple positive ipsilateral nodes, any listed in code 110 (WITH or WITHOUT nodes listed in code 100)	^	*	D	RN
220	Multiple positive ipsilateral nodes, any listed in code 120 (WITH or WITHOUT nodes listed in code 100 or 110)	^	*	D	D
290	Stated as N2b, no other information	N2b	N2b	RN	RN
300	Regional lymph nodes listed in code 100: Positive ipsilateral node(s), not stated if single or multiple	^	*	RN	RN
310	Regional lymph nodes listed in code 110: Positive ipsilateral node(s), not stated if single or multiple	^	*	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
320	Regional lymph nodes listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	^	*	D	D
400	Regional lymph nodes listed in code 100: Positive bilateral or contralateral nodes	^	*	RN	RN
410	Regional lymph nodes, any listed in code 110: Positive bilateral or contralateral nodes (WITH or WITHOUT nodes listed in code 100)	^	*	D	RN
420	Regional lymph nodes, any listed in code 120: Positive bilateral or contralateral nodes (WITH or WITHOUT nodes listed in code 100 or 110)	^	*	D	D
490	Stated as N2c, no other information	N2c	N2c	RN	RN
500	Regional lymph nodes listed in code 100: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	RN	RN
510	Regional lymph nodes listed in code 110: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	D	RN
520	Regional lymph nodes listed in code 120: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600	Stated as N2, NOS	N2NOS	N2NOS	RN	RN
700	Stated as N3, no other information	N3	N3	RN	RN
800	Lymph nodes, NOS	^	*	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

^ For codes 100-120, 200-220, 300-320, 400-420, 500-520, and 800 ONLY, the N category for AJCC 7th Edition staging is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table, for this site.

* For codes 100-120, 200-220, 300-320, 400-420, 500-520, and 800 ONLY, the N category for AJCC 6th Edition staging is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table, for this site.

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Reg LN Pos

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

See Standard Table

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Reg LN Exam

See Standard Table

PalateSoft
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	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastases except distant lymph node(s)(code 10) Carcinomatosis	M1	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1, NOS	M1	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U