

BuccalMucosa**Cheek (Buccal) Mucosa, Vestibule****C06.0-C06.1**

C06.0 Cheek mucosa

C06.1 Vestibule of mouth

BuccalMucosa**CS Tumor Size**

Note 1: Code the specific tumor size as stated in the medical record. Use code 992, 994, or 995 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" Stated as T3 with no other information on size
996	Described as "greater than 5cm"
999	Unknown; size not stated Not documented in patient record

BuccalMucosa**CS Extension**

Note 1: Periosteum is a fibrous membrane that wraps the outer surface of bones. Cortical bone is the dense compact outer layer of the bone. Trabecular, cancellous, or spongy bone (spongiosa) is a porous network of tissue filling the interior of bone, decreasing weight and allowing room for blood vessels and marrow.

Note 2: AJCC assigns T value based on size when involvement is limited to cortical bone. Involvement through cortical bone is required for assignment of T4a.

Note 3: Use code 300 for localized tumor ONLY if no information is available to assign code 100, 200, 405, 410, or 415.

Note 4: Use code 405, 410, 415, 755, 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 confined to: Lamina propria Submucosa	^	*	L	L
200	Musculature (buccinator)	^	*	RE	L
300	Localized, NOS	^	*	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
415	Stated as T3 with no other information on extension	^	*	L	L
500	Lip(s) including commissure	^	*	RE	RE
510	Gingiva	^	*	RE	RE
525	Cortical bone of mandible Cortical bone of maxilla Mandible, NOS Maxilla, NOS	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
525 cont'd	Cortical bone, NOS (not specified in higher codes) Bone, NOS (not specified in higher codes)	^	*	D	D
550	Subcutaneous soft tissue of cheek	^	*	RE	RE
600	Lateral pharyngeal wall Tonsillar pillars and fossae Tonsils	^	*	RE	RE
605	(550 or 600) + 525 (Any structure in code 550 or 600 + Any structure in code 525)	^	*	D	D
620	Hard palate including cortical palatine bone Soft palate	^	*	D	D
650	OBSOLETE DATA CONVERTED V0200 Assign to T1-3 category per curator, see code 550 Subcutaneous soft tissue of cheek	ERROR	ERROR	ERROR	ERROR
660	Skin of cheek (WITH or WITHOUT ulceration)	T4a	T4a	RE	D
665	660 + (620 or 605) (Skin of cheek + Any structure in code 605)	T4a	T4a	D	D
670	OBSOLETE DATA CONVERTED V0200 See code 740 Maxillary sinus	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700	OBSOLETE DATA RETAINED V0200 Bone (cortical): Mandible Maxilla	ERROR	T4a	D	D
725	Trabecular bone of maxilla, mandible, or palatine bone	T4a	T4a	D	D
730	OBSOLETE DATA CONVERTED V0200 See code 805 Skull	ERROR	ERROR	ERROR	ERROR
740	Maxillary sinus (antrum) Nasal cavity	T4a	T4a	D	D
750	Tongue Deep (extrinsic) muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	T4a	D	D
755	Stated as T4a with no other information on extension	T4a	T4a	RE	D
788	Specified bone (other than maxilla, mandible, palatine, or bones in codes 790 and 800)	T4b	T4b	D	D
790	OBSOLETE DATA RETAINED V0200 Other contiguous extension: Base of skull Encases internal carotid artery Masticator space Pterygoid plates	ERROR	T4b	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
795	Masticator space Pterygoid plates	T4b	T4b	D	D
800	OBSOLETE DATA RETAINED V0200 Assign hard and soft palate to T1-3 category per curator, see code 620 Further contiguous extension: Hard palate Soft palate	ERROR	T4b	D	D
805	Further contiguous extension including: Skull Skull base Internal carotid artery (encased)	T4b	T4b	D	D
810	Stated as T4b with no other information on extension	T4b	T4b	D	D
815	Stated as T4 [NOS] with no other information on extension	T4NOS	T4NOS	RE	D
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 through 620 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 through 620 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

BuccalMucosa**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.

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 node - Submandibular (submaxillary), sublingual 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 Facial Buccinator (buccal) Mandibular	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Nasolabial Parotid Infraauricular Intraparotid Periparotid Preauricular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS	^	*	RN	RN
110	Single positive ipsilateral regional node: Level IA node - Submental	^	*	D	RN
120	Single positive ipsilateral regional node: Level V node - Posterior triangle group Level VA - Spinal accessory Spinal accessory Level VB - Transverse cervical, supraclavicular (see note 4) 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	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Pretracheal - below suprasternal notch Other groups: Parapharyngeal Retropharyngeal Retroauricular 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	D
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 as listed in code 100: Positive ipsilateral node(s), not stated if single or multiple	^	*	RN	RN
310	Regional lymph nodes as listed in code 110: Positive ipsilateral node(s), not stated if single or multiple	^	*	D	RN
320	Regional lymph nodes as listed in code 120: Positive ipsilateral node(s), not	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
320 cont'd	stated if single or multiple	^	*	D	D
400	Regional lymph nodes as 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 or 110)	^	*	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 as 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 as 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 as listed in code 120: Positive node(s), not stated if ipsilateral, or bilateral, or	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520	contralateral, AND not stated if single or multiple	^	*	D	D
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 node(s) 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

BuccalMucosa**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