

Oropharynx**Tonsil, Oropharynx [excl. Malignant Melanoma]****C09.0-C09.1, C09.8-C09.9, C10.0, C10.2-C10.4, C10.8-C10.9**

C09.0 Tonsillar fossa

C09.1 Tonsillar pillar

C09.8 Overlapping lesion of tonsil

C09.9 Tonsil, NOS (excludes lingual tonsil C02.4)

C10.0 Vallecula

C10.2 Lateral wall of oropharynx

C10.3 Posterior wall of oropharynx

C10.4 Branchial cleft (site of neoplasm)

C10.8 Overlapping lesion of oropharynx

C10.9 Oropharynx, NOS

Note 1: Laterality must be coded for C09.0, C09.1, C09.8, and C09.9.**Note 2:** AJCC includes base of tongue (C01.9) with oropharynx (C09._, C10._).**Oropharynx****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 |

| Code | Description |
|------|-----------------------------------------------------------------------------------|
| 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 |

Oropharynx**CS Extension**

Note 1: Use code 300 for localized tumor ONLY if no information is available to assign code 150, 200, 305, 310, or 530.

Note 2: Use code 305, 310, 540, 705, 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 | OBSOLETE DATA RETAINED V0200 Epiglottis staged as T3, see code 530 Invasive tumor confined to one of the following subsites: Anterior wall (including vallecula and lingual (anterior) surface of epiglottis) One lateral wall Posterior wall | ERROR | * | L | L |
| 150 | Invasive tumor confined to one of the following subsites: Anterior wall (including vallecula) One lateral wall Posterior wall | ^ | * | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|----------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 200 | Involvement of two or more subsites: Posterior, anterior or lateral wall(s) | ^ | * | L | L |
| 300 | Localized, NOS | ^ | * | L | L |
| 305 | Stated as T1 with no other information on extension | ^ | * | L | L |
| 310 | Stated as T2 with no other information on extension | ^ | * | L | L |
| 400 | Soft palate, inferior surface including uvula, or soft palate, NOS | ^ | * | RE | RE |
| 410 | OBSOLETE DATA CONVERTED V0200 Staged as T4a per curator, see Code 630 Hypopharynx NOS Pyriform sinus | ERROR | ERROR | ERROR | ERROR |
| 420 | Soft palate, superior (nasopharyngeal) surface | ^ | * | RE | RE |
| 500 | Base of tongue Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva) | ^ | * | RE | RE |
| 510 | Any site in codes 150-500 WITH fixation | ^ | * | RE | RE |
| 520 | Involvement both lateral walls through soft palate or base of tongue | ^ | * | D | RE |
| 530 | Epiglottis, lingual surface | T3 | * | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 533 | 530 + (400, 420, 500, 510) (Epiglottis, lingual surface plus any structure in 400, 420, 500, or 510) | T3 | * | RE | RE |
| 535 | 530 WITH fixation WITH or WITHOUT any site in codes (400, , 420, 500, or 510) | T3 | * | RE | RE |
| 538 | 530 + 520 (Epiglottis, lingual surface + Both lateral walls through soft palate or base of tongue) | T3 | * | D | RE |
| 540 | Stated as T3 with no other information on extension | T3 | * | RE | RE |
| 550 | OBSOLETE DATA RETAINED V0200 Extension to lingual surface of epiglottis assigned to T3 in AJCC 7, new codes required for correct coding, see codes 510, 535 Any extension coded in 100-500 WITH fixation | ERROR | * | RE | RE |
| 600 | OBSOLETE DATA RETAINED V0200 T4 involvement per curator, see codes 610, 710 Prevertebral fascia or muscle Soft tissue of neck | ERROR | T4a | RE | RE |
| 610 | Soft tissue of neck | T4a | T4a | RE | RE |
| 620 | OBSOLETE DATA CONVERTED V0200 See code 710 Nasopharynx, lateral, or NOS | ERROR | ERROR | ERROR | ERROR |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 630 | Hypopharynx NOS Pyriform sinus | T4a | T4a | RE | RE |
| 650 | Larynx, NOS Medial pterygoid muscle, or pterygoid muscle, NOS Posterior surface of epiglottis | T4a | T4a | RE | RE |
| 675 | (610, 630, 650) + 520 (Involvement of any structure in code 610, 630, or 650+ Involvement of both lateral walls through soft palate or base of tongue) | T4a | T4a | D | RE |
| 700 | Deep extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus Hard palate Mandible | T4a | T4a | D | D |
| 705 | Stated as T4a with no other information on extension | T4a | T4a | RE | RE |
| 708 | Prevertebral fascia/muscle | T4b | T4b | RE | RE |
| 710 | Nasopharynx, lateral or NOS | T4b | T4b | RE | RE |
| 715 | (708 or 710) + 520 (Prevertebral fascia/muscle or Nasopharynx + Involvement of both lateral walls through soft palate or base of tongue) | T4b | T4b | D | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 718 | (708 or 710) + 700 (Prevertebral fascia/muscle or Nasopharynx + Any structure in code 700) | T4b | T4b | D | D |
| 720 | Lateral pterygoid muscle Pterygoid plates | T4b | T4b | D | D |
| 750 | Bone of skull Skull base | T4b | T4b | D | D |
| 760 | OBSOLETE DATA CONVERTED V0200 Moved to single group including bone of skull, see code 750 Bone | ERROR | ERROR | ERROR | ERROR |
| 770 | Carotid artery (encased) | T4b | T4b | D | D |
| 800 | Further contiguous extension: Anterior 2/3 of tongue Parotid gland | 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 | 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 codes 150 through 520, 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 AJCC 7 for this site.

* For codes 100 through 550 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 AJCC 6 for this site.

Oropharynx
CS Tumor Size/Ext Eval
See Standard Table

Oropharynx
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 IV nodes moved from code 100 in CSV1 to code 120.

| 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 II node - Upper jugular Jugulodigastric (subdigastric) Upper deep cervical Level III node Middle jugular Middle deep cervical Other groups: Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS | ^ | * | RN | RN |
| 110 | Single positive ipsilateral regional | ^ | * | D | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 110 cont'd | node: Level I node Level IA - Submental Level IB - Submandibular (submaxillary) | ^ | * | D | RN |
| 120 | Single positive ipsilateral regional node: Level IV node - Lower jugular Lower deep cervical Virchow 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 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 (buccal) Mandibular Nasolabial Parotid: | ^ | * | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 120 cont'd | Infraauricular Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular 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 |
| 320 | Regional lymph nodes as listed in code 120: Positive ipsilateral node(s), not stated if | ^ | * | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 320 cont'd | 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 |
| 600 | Stated as N2, NOS | N2NOS | N2NOS | RN | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|------------------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| 700 | Stated as N3, no other information | N3 | N3 | RN | RN |
| 800 | Lymph nodes, NOS, no other information | ^ | * | 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.

Oropharynx

Reg LN Pos

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

See Standard Table

Oropharynx

Reg LN Exam

See Standard Table

Oropharynx

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 |