

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Merkel Cell Carcinoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]

C44.0, C44.2-C44.9

C44.0 Skin of lip, NOS

C44.2 External ear

C44.3 Skin of other and unspecified parts of face

C44.4 Skin of scalp and neck

C44.5 Skin of trunk

C44.6 Skin of upper limb and shoulder

C44.7 Skin of lower limb and hip

C44.8 Overlapping lesion of skin

C44.9 Skin, NOS

Note: Laterality must be coded for C44.2-C44.3 and C44.5-C44.7. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 5, midline, in the laterality field

Skin

CS Tumor Size

Note: Code the specific tumor size as documented in the medical record. If the ONLY information regarding tumor size is the physician's statement of the T category, assign code 992. (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 and 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 tumor 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"

Code	Description
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Not documented in patient record

Skin

CS Extension

Note 1: In the case of multiple simultaneous tumors, code the tumor with greatest extension.

Note 2: Skin ulceration does not alter the Collaborative Stage classification.

Note 3: Skin of genital sites is not included in this schema. These sites are skin of vulva (C51.0-C51.2, C51.8-C51.9), skin of penis (C60.0-C60.1, C60.8, C60.9) and skin of scrotum (C63.2).

Note 4: ONLY assign code 400 (localized, NOS) when no further information is available to assign code 100, 500, 510, or 520.

Note 5: If the ONLY information regarding tumor extension is the physician's statement of the T category, assign code 510, 520, 600 or 810. (Refer to CS Tumor Size table for instructions on coding tumor size if assigning code 510).

Note 6: AJCC 7th Edition T1 and T2 categories are based on size and high risk features and not depth of invasion/extension. AJCC 7th Edition only includes a T3 category for head and neck skin primaries.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ: noninvasive; intraepidermal; Bowen disease	Tis	Tis	IS	IS
100	Lesion(s) confined to dermis	^	*	L	L
400	Localized, NOS	^	*	L	L
500	Subcutaneous tissue (through entire dermis)	^	*	L	L
510	Stated as T1 with no other information on extension	^	*	L	L
520	Stated as T2 with no other information on extension	T2	T2	L	L
550	Underlying cartilage and/or skeletal	^	T4	D	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
550 cont'd	muscle	^	T4	D	RE
600	For skin of head and neck primaries only: Maxilla Mandible Orbital bone Temporal bone Stated as T3 with no other information on extension	T3	T4	D	RE
700	OBSOLETE DATA RETAINED V0200 Invasion of cartilage, bone, skeletal muscle reclassified in 7th Edition, see codes 550, 600, 710 and 750. Underlying cartilage, bone, skeletal muscle	ERROR	T4	D	RE
710	For skin of head and neck primaries only: Direct or perineural invasion of skull base	T4	T4	D	RE
750	Bone (other than in code 600 or 710)	T4	T4	D	RE
800	Further contiguous extension	T4	T4	D	D
810	Stated as T4 with no other information on extension	T4	T4	D	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, 400, 500, 510 and 550 ONLY, the T category for AJCC 7th Edition is assigned based on the value of CS Tumor Size and Site-Specific Factor 12, High Risk Features as shown in the Extension Size High Risk Table for this site. * For Extension codes 100, 400, 500 and

510 ONLY, the T category for AJCC 6th Edition is assigned based on value of CS Tumor Size as shown in the Extension Size Table AJCC 6 for this site.

Skin**CS Tumor Size/Ext Eval**

See Standard Table

Skin**CS Lymph Nodes**

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
100	<p>OBSOLETE DATA RETAINED V0200</p> <p>Regional lymph nodes by primary site (includes bilateral or contralateral nodes for head, neck, and trunk)</p> <p>Head and Neck: All subsites: Cervical Lip: Mandibular, NOS: Submandibular (submaxillary) External ear/auditory canal: Mastoid (post-/retro-auricular) (occipital) Preauricular Face, Other (cheek, chin, forehead, jaw, nose and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Scalp: Mastoid (post-/retro-auricular) (occipital)</p>	ERROR	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mandibular, NOS Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) Upper Trunk: Axillary Cervical Internal mammary (parasternal) Supraclavicular (transverse cervical) Lower Trunk: Femoral (superficial inguinal) Arm/Shoulder: Axillary Epitrochlear for hand/forearm Spinal accessory for shoulder Leg/Hip: Femoral (superficial inguinal) Popliteal for heel and calf All sites: Regional lymph node(s), NOS	ERROR	N1	RN	RN
150	SINGLE IPSILATERAL regional lymph node by primary site: Head and Neck: All subsites: Cervical Lip: Mandibular, NOS: Submandibular (submaxillary)	^	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
150 cont'd	External ear/auditory canal: Mastoid (post-/retro-auricular) (occipital) Preauricular Face, Other (cheek, chin, forehead, jaw, nose and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Scalp: Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mandibular, NOS Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) Upper Trunk: Axillary Cervical Internal mammary (parasternal) Supraclavicular (transverse cervical) Lower Trunk: Femoral (superficial inguinal)	^	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
150 cont'd	Arm/Shoulder: Axillary Epitrochlear for hand/forearm Spinal accessory for shoulder Leg/Hip: Femoral (superficial inguinal) Popliteal for heel and calf All sites: Regional lymph node, NOS	^	N1	RN	RN
160	SINGLE IPSILATERAL regional lymph node by primary site: Head and Neck: Lip: Facial, NOS: Buccinator (buccal) Nasolabial Submental Parotid, NOS: Infra-auricular Preauricular Face, Other (cheek, chin, forehead, jaw, nose, and temple): Submental Neck: Submental	^	N1	D	RN
180	Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
190	Stated as N2a with no other information on regional lymph nodes	N2a	N1	RN	RN
200	OBSOLETE DATA RETAINED V0200 Head and Neck: Lip: Facial, NOS: Buccinator (buccal) Nasolabial Submental Parotid, NOS:	ERROR	N1	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200 cont'd	Infra-auricular Preauricular Face, Other (cheek, chin, forehead, jaw, nose, and temple): Submental Neck: Submental	ERROR	N1	D	RN
250	MULTIPLE IPSILATERAL regional lymph nodes as listed in code 150	^	N1	RN	RN
260	MULTIPLE IPSILATERAL regional lymph nodes, any listed in code 160 (WITH or WITHOUT nodes listed in code 150)	^	N1	D	RN
290	Stated as N2b with no other information on regional lymph nodes	N2b	N1	RN	RN
300	OBSOLETE DATA RETAINED V0200 (10) + (20)	ERROR	N1	D	RN
350	IPSILATERAL regional lymph nodes as listed in code 150, not stated if single or multiple	^	N1	RN	RN
360	IPSILATERAL regional lymph nodes as listed in code 160, not stated if single or multiple	^	N1	D	RN
450	BILATERAL or CONTRALATERAL regional lymph nodes as listed in code 150	^	N1	RN	RN
460	BILATERAL OR CONTRALATERAL regional lymph nodes, any listed in code 160 (WITH or WITHOUT nodes listed in code 150)	^	N1	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
490	Stated as N2c with no other information on regional lymph nodes	N2c	N1	RN	RN
550	Regional lymph node(s) as listed in code 150, not stated if ipsilateral, bilateral or contralateral AND not stated single or multiple	^	N1	RN	RN
560	Regional lymph node(s) as listed in code 160, not stated if ipsilateral, bilateral or contralateral AND not stated if single or multiple	^	N1	D	RN
600	Stated as N2 [NOS] with no other information on regional lymph nodes	N2NOS	N1	RN	RN
700	Stated as N3 with no other information on regional lymph nodes	N3	N1	RN	RN
800	Lymph nodes, NOS	^	N1	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

^ For codes 150, 160, 250, 260, 350, 360, 450, 460, 550, 560, and 800 ONLY, the N category for AJCC 7th Edition is assigned based on the value of Site-Specific Factor 16, Size of Lymph Nodes, using the Lymph Nodes Size Table for this site.

Skin

Reg LN Pos

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

See Standard Table

Skin

Reg LN Exam

See Standard Table

Skin
CS Mets at DX

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