

Testis C62.0-C62.1, C62.9

C62.0 Undescended testis

C62.1 Descended testis

C62.9 Testis, NOS

Note 1: Instructions for coding pre- or post-orchietomy tumor marker values were ambiguous for CS version 1 and there was variation in data collection by registrars. Furthermore, AJCC 7th Edition clarified that stage group IS is to be calculated based on the persistence of elevated serum tumor markers after surgery. As a consequence, there is uncertainty about the reliability of the data for the S parameter in data collected with CS version 1. The data elements and codes have been modified in CS version 2 to calculate the S value correctly. Any analysis of testis staging over time relying on the tumor marker data collected in CS version 1 might require review of medical records to verify the appropriate preoperative tumor marker values and the presence of persistent tumor markers post-orchietomy.

Note 2: CS version 2 corrects some version 1 errors in the calculation of the N category. For this reason, analysis of data originally collected in version 1 may show a different distribution of N categories and stage groups once the version 2 algorithm is run to re-derive AJCC 6th edition staging.

Note 3: For cases collected in CSv1, the T category is derived using the Extension Orchiectomy Table CSv1, the S value is derived using the Serum Marker S Value Table CSv1, and the AJCC 6th Edition stage is derived using the AJCC TNM 6 Stage CSv1 table.

Note 4: For cases collected in CSv2, the T category is derived using the Extension Orchiectomy LVI Table CSv2, the S value is derived using the Preorchietomy Serum Marker S Value Table CSv2, and the AJCC 6th and 7th Edition stages are derived using the AJCC TNM 6 Stage table and AJCC TNM 7 Stage table.

Note 5: Laterality must be coded for this site.

Testis**CS Tumor Size** (Revised: 02/03/2010)

See Standard Table

Testis CS Extension (Revised: 04/21/2010)

Note 1: According to AJCC, "Except for pTis and pT4, extent of primary tumor for TNM is classified by radical orchiectomy. TX is used for other categories in the absence of radical orchiectomy." For Collaborative Staging, this means that the categories of T1, T2, and T3 are derived only when Site Specific Factor 4 indicates that a radical orchiectomy was performed. See the Extension Orchiectomy LVI table for details.

Note 2: ONLY assign code 300 (localized, NOS) when no further information is available to assign code 160, 200, 320 or 330.

Note 3: If the ONLY information regarding tumor extension is the physician's statement of the T category, assign code 320, 330, 550 or 810.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; noninvasive; intraepithelial; Intratubular germ cell neoplasia	Tis	Tis	IS	IS
100	OBSOLETE DATA RETAINED V0200 Invasive tumor WITHOUT vascular/lymphatic invasion, or presence of vascular/lymphatic invasion not stated Body of testis Rete testis Tunica albuginea	ERROR	*	L	L
150	OBSOLETE DATA RETAINED V0200 Invasive tumor WITH vascular/lymphatic invasion Body of testis Rete testis Tunica albuginea	ERROR	*	L	L
160	Body of testis Rete testis Tunica albuginea	^	*	L	L
200	Tunica vaginalis involved Surface implants	^	*	L	L
300	Localized, NOS	^	*	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
310	Tunica, NOS	TX	TX	L	L
320	Stated as T1 with no other information on extension	^	*	L	L
330	Stated as T2 with no other information on extension	^	*	L	L
400	OBSOLETE DATA RETAINED V0200 Epididymis involved WITHOUT vascular/lymphatic invasion, or presence of vascular/lymphatic invasion not stated	ERROR	*	RE	RE
450	OBSOLETE DATA RETAINED V0200 Epididymis involved WITH vascular/lymphatic invasion	ERROR	*	RE	RE
460	Epididymis	^	*	RE	RE
500	Spermatic cord, ipsilateral Vas deferens	^	*	RE	RE
550	Stated as T3 with no other information on extension	^	*	RE	RE
600	Dartos muscle, ipsilateral Scrotum, ipsilateral	T4	T4	RE	RE
700	Extension to scrotum, contralateral Ulceration of scrotum	T4	T4	D	D
750	Penis	T4	T4	D	D
800	Further contiguous extension	T4	T4	D	D
810	Stated as T4 with no other	T4	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
810 cont'd	information on extension	T4	T4	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 160, 200, 300, 320, 330, 460, 500 and 550 ONLY, the T category for AJCC 7th Edition staging is assigned based on the values of CS Extension, Site-Specific Factor 4 (Radical Orchiectomy Performed), and Lymph-vascular Invasion, as shown in the AJCC 7 Extension Orchiectomy LVI Table.

* For cases coded under CSv1 (CS Version Input Original less than 020000) ONLY and with extension codes 100, 150, 160, 200, 300, 320, 330, 400, 450, 460, 500 and 550, the T category for AJCC 6th Edition staging is assigned based on the values of CS Extension, Lymph-vascular Invasion, and Site-Specific Factor 4 (Radical Orchiectomy Performed), as shown in the AJCC 6 CSv1 Extension Orchiectomy Table. For cases coded under CSv2 (CS Version Input Original greater than 020000) ONLY and with extension codes 100, 150, 160, 200, 300, 320, 330, 400, 450, 460, 500 and 550, the T category for AJCC 6th Edition staging is assigned based on the values of CS Extension, Site-Specific Factor 4 (Radical Orchiectomy Performed), and Lymph-vascular Invasion, as shown in the AJCC 6 CSv2 Extension Orchiectomy LVI Table.

Testis

CS Tumor Size/Ext Eval

See Standard Table

Testis

CS Lymph Nodes

Note 1: Regional nodes in codes 100-300 include contralateral and bilateral nodes.

Note 2: Involvement of inguinal, pelvic, or external iliac lymph nodes (codes 300 and 400)

WITHOUT previous scrotal or inguinal surgery prior to presentation of the testis tumor is coded in CS Mets at DX, as distant lymph node involvement.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Regional lymph node(s): Aortic, NOS:	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Lateral (lumbar) Para-aortic Periaortic Preaortic Retroaortic Retroperitoneal, NOS Spermatic vein	^	*	RN	RN
200	Regional lymph node(s): Pericaval, NOS: Interaortocaval Paracaval Precaval Retrocaval	^	*	D	RN
300	Regional lymph node(s): Pelvic, NOS External iliac WITH previous scrotal or inguinal surgery	^	*	RN	RN
350	300 + 200 Pelvic/external iliac nodes WITH previous scrotal or inguinal surgery plus pericaval nodes	^	*	D	RN
400	Inguinal nodes, NOS: Deep, NOS Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) WITH previous scrotal or inguinal surgery	^	*	D	D
500	Regional lymph node(s), NOS	^	*	RN	RN
510	Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520	Stated as N2 with no other information on regional lymph nodes	N2	N2	RN	RN
530	Stated as N3 with no other information on regional lymph nodes	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, 200, 300, 350, 400, 500, and 800 ONLY, the N category for AJCC 7th Edition is assigned based on the values of Site-Specific Factor 5 (Size of Metastasis in Lymph Nodes), Reg LN Pos and CS Lymph Nodes Eval. If the Eval code is 2 (p), 3 (p), 6 (y), or 8 (a), the N category is determined by using the Lymph Nodes Pathologic Evaluation Table. If the Eval code is 0 (c), 1 (c), 5 (c), or 9 (c), the N category is determined by using the Lymph Nodes Clinical Evaluation Table. If the Eval field is not coded, the N category is determined by using the Lymph Nodes Positive Eval Blank Table.

* For codes 100, 200, 300, 350, 400, 500, and 800 ONLY, the N category for AJCC 6th Edition is assigned based on the values of Site Specific Factor 5 (Size of Metastasis in Lymph Nodes), Reg LN Pos and CS Lymph Nodes Eval. If the Eval code is 2 (p), 3 (p), 6 (y), or 8 (a), the N category is determined by using the Lymph Nodes Pathologic Evaluation Table. If the Eval code is 0 (c), 1 (c), 5 (c), or 9 (c), the N category is determined by using the Lymph Nodes Clinical Evaluation Table. If the Eval field is not coded, the N category is determined by using the Lymph Nodes Positive Eval Blank Table.

Testis

Reg LN Pos

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

See Standard Table

Testis

Reg LN Exam

See Standard Table

Testis**CS Mets at DX**

Note: Involvement of inguinal, pelvic, or external iliac lymph nodes (codes 11 and 12) WITH previous scrotal or inguinal surgery prior to presentation of the testis tumor is coded under CS Lymph Nodes, as regional node involvement and NOT CS Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
11	Distant lymph node(s): Pelvic, NOS External iliac WITHOUT previous scrotal or inguinal surgery, or unknown if previous scrotal or inguinal surgery	M1a	M1a	RN	RN
12	Distant lymph node(s): Inguinal nodes, NOS: Deep, NOS Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) WITHOUT previous scrotal or inguinal surgery, or unknown if previous scrotal or inguinal surgery	M1a	M1a	D	D
13	Specified distant lymph nodes, other than code 11 or 12 Distant lymph node(s), NOS	M1a	M1a	D	D
20	Distant metastasis to lung	M1a	M1a	D	D
25	20 + any of (11-13) Distant metastases to lung and lymph nodes	M1a	M1a	D	D
30	Stated as M1a with no other information on metastases	M1a	M1a	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
40	Metastasis to other distant sites (with or without metastasis to lung and/or distant lymph node(s)) Carcinomatosis Stated as M1b with no other information on metastases	M1b	M1b	D	D
45	OBSOLETE DATA CONVERTED V0200 See code 60 Distant metastasis, NOS	ERROR	ERROR	ERROR	ERROR
60	Distant metastasis, NOS Stated as M1 [NOS] with no other information on metastases	M1NOS	M1NOS	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U