

Epiglottis Anterior**Anterior Surface of Epiglottis (excluding Malignant Melanoma)****C10.1****C10.1 Anterior surface of epiglottis**

Note: AJCC includes lingual (anterior) surface of epiglottis (C10.1) with larynx. SEER Extent of Disease included it with oropharynx.

Epiglottis Anterior**CS Tumor Size**

See Standard Table

Epiglottis Anterior**CS Extension**

Note 1: Impaired vocal cord mobility, also described as vocal cord paresis, may suggest invasion of intrinsic laryngeal muscle. Fixation of the vocal cord may be described as immobility of the arytenoids noted on endoscopy, vocal cord cord paralysis, or deviation of larynx to fixed side.

Note 2: Use code 300 for localized tumor only if no information is available to assign codes 100, 200, or 310.

Note 3: Use code 355, 435, 725, 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, intraepithelial, noninvasive	Tis	Tis	IS	IS
100	Invasive tumor confined to anterior surface of epiglottis with normal vocal cord mobility Stated as T1 with no other information on extension	T1	T1	L	L
200	OBSOLETE DATA CONVERTED V0200; See code 305 Mucosa of adjacent subsite(s) of oropharynx	ERROR	ERROR	ERROR	ERROR
300	Localized, NOS	T1	T1	L	L
305	Mucosa of adjacent subsite(s) of oropharynx	T2	T2	L	L
310	Mucosa of vallecula without fixation of larynx	T2	T2	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
320	Mucosa of adjacent subsite(s) of supraglottis (including posterior surface of epiglottis) WITHOUT fixation of larynx	T2	T2	RE	RE
330	Larynx, glottic or NOS WITHOUT fixation of larynx	T2	T2	RE	RE
340	Mucosa of pyriform sinus, medial wall or NOS; WITHOUT fixation of larynx	T2	T2	RE	RE
350	Mucosa of base of tongue WITHOUT fixation of larynx	T2	T2	RE	RE
355	Stated as T2 with no other information on extension	T2	T2	L	L
360	Any structure coded in 200 to 350 WITH vocal cord fixation	T3	T3	RE	RE
370	Paraglottic space Pre-epiglottic tissues	T3	T3	RE	RE
380	Inner cortex of thyroid cartilage (minor erosion)	T3	T3	D	D
390	Hypopharynx, NOS; (See code 340) Postcricoid area Pyriform sinus except medial wall	T3	T3	RE	RE
430	390 + 280 Any structure in 390 plus minor thyroid cartilage erosion	T3	T3	D	D
435	Stated as T3 with no other information on extension	T3	T3	RE	RE
450	Soft palate, inferior surface including uvula Soft palate, NOS	T4a	T4a	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
470	Nasopharynx, NOS Soft palate, superior (nasopharyngeal) surface	T4a	T4a	RE	RE
500	Deep tissues of base of tongue Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva)	T4a	T4a	RE	RE
620	Soft tissues of neck	T4a	T4a	RE	RE
650	Pterygoid muscle	T4a	T4a	RE	RE
660	(450 to 650) + (380 or 430) Any structure in 450 to 650 plus inner cortex of thyroid cartilage	T4a	T4a	D	D
670	Invasion of, through outer cortex of thyroid cartilage Thyroid cartilage, NOS; (See also code 380)	T4a	T4a	D	D
680	Trachea	T4a	T4a	D	D
690	Esophagus Strap muscles: Omohyoid Sternohyoid Thyrohyoid Thyroid	T4a	T4a	D	D
700	Extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus	T4a	T4a	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
725	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
750	Prevertebral fascia or muscle Prevertebral space	T4b	T4b	RE	RE
770	750 + (660 - 700) Any structure in 750 plus any structure coded in 660 through 700	T4b	T4b	D	D
800	Further contiguous extension, including: Anterior 2/3 of tongue Bone Carotid artery (encased) Hard palate Mandible Mediastinal structures 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 not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

Epiglottis Anterior**CS Tumor Size/Ext Eval**

See Standard Table

Epiglottis Anterior**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 Rules, Section 2.

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 CS 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: Level IV nodes have been moved from code 100 in CS Version 1 to code 120. Mandibular nodes are included with Facial nodes.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Single positive ipsilateral regional node: Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level III - Middle jugular: Middle deep cervical Level IV - Lower jugular: Lower deep cervical Virchow node Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS	^	*	RN	RN
110	Single positive ipsilateral regional node: Level I: Level 1A - Submental Level 1B - Submandibular (submaxillary), sublingual	^	*	D	RN
120	Single positive ipsilateral regional node: Level IV - Lower jugular: Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Level V - Posterior triangle group:	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular Level VI - Anterior compartment group: Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Prelaryngeal Pretracheal - above suprasternal notch Recurrent laryngeal Level VII - 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: Infraauricular Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular (mastoid) Suboccipital	^	*	D	D
180	Stated as N1 with no other information on regional lymph nodes	^	*	RN	RN
190	Stated as N2a with no other information	N2a	N2a	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
190 cont'd	on regional lymph nodes	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 with no other information on regional lymph nodes	^	*	RN	RN
300	Positive ipsilateral node(s) listed in code 100, not stated if single or multiple	^	*	RN	RN
310	Positive ipsilateral node(s) listed in code 110, not stated if single or multiple	^	*	D	RN
320	Positive ipsilateral node(s) listed in code 120, not stated if single or multiple	^	*	D	D
400	Positive bilateral or contralateral nodes listed in code 100	^	*	RN	RN
410	Positive bilateral or contralateral nodes, any listed in code 110 WITH or WITHOUT nodes listed in code 100	^	*	D	RN
420	Positive bilateral or contralateral nodes, any listed in code 120 WITH or WITHOUT nodes listed in code 100 or 110	^	*	D	D
490	Stated as N2c with no other information on regional lymph nodes	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500	Positive node(s) listed in code 100, not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	RN	RN
510	Positive node(s) listed in code 110, not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	D	RN
520	Positive node(s) listed in code 120, not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	D	D
600	Stated as N2 [NOS] with no other information on regional lymph nodes	^	*	RN	RN
700	Stated as N3 with no other information on regional lymph nodes	^	*	RN	RN
800	Lymph nodes, NOS, no other information	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes codes 100-700 ONLY, the N category for AJCC 7 staging is assigned based on the value of CS Site-Specific Factor 1, Size of Lymph nodes, using the Lymph Nodes Size Table for this schema.

* For CS Lymph Nodes codes 100-700 ONLY, the N category for AJCC 6 staging is assigned based on the value of CS Site-Specific Factor 1, Size of Lymph nodes, using the Lymph Nodes Size Table for this schema.

Epiglottis Anterior
CS Lymph Nodes Eval
See Standard Table

Epiglottis Anterior
Regional Nodes Positive
See Standard Table

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

Epiglottis Anterior
Regional Nodes Examined
See Standard Table

Epiglottis Anterior
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 distant metastasis	M0	M0	NONE	NONE
10	Distant lymph node(s): Mediastinal (excluding superior mediastinal nodes) Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastases except distant lymph node(s) Carcinomatosis	M1	M1	D	D
50	40+10 Distant metastasis plus distant lymph node(s)	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	M1	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Epiglottis Anterior**CS Mets Eval****See Standard Table**

Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed

Epiglottis Anterior**CS Site-Specific Factor 1****Size of Lymph Nodes****Note: See page A-96**

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-979	001 - 979 millimeters (mm); (Exact size of lymph node to nearest mm)
980	980 mm or larger; (Includes cases converted from codes 981-989 during conversion to V0200)
981-987	OBSOLETE DATA CONVERTED V0200 See code 980 981 - 987 mms
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error)
989	OBSOLETE DATA CONVERTED V0200 See code 980 989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1centimeter (cm)"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"

Code	Description
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph nodes involved Not documented in patient record