

Merkel Cell Skin**Merkel Cell Carcinoma of the Skin (excluding Merkel Cell Carcinoma of Penis, Scrotum and Penis)****C44.0, C44.2-C44.9****M-8247****C44.0 Skin of lip, NOS****C44.2 External ear****C44.3 Skin of ear 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 1: This schema is NOT used for Merkel cell carcinoma of the vulva, penis, or scrotum. Each of these has a separate schema.

Note 2: 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 5 (midline) in the laterality field.

Note 3: Merkel cell carcinoma presenting in nodal or visceral site with primary site unknown are coded to C44.9, Skin, NOS.

Merkel Cell Skin**CS Tumor Size**

Note: The assignment of the T1, T2, and T3 categories for Merkel cell carcinomas is based on tumor size. A physician's statement of the T category may be used to code both CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields.

However the two fields are coded independently; for example, the record may document size but not extension. Use codes 992, 995, and 996 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (mm) (Exact size to nearest mm)
989	989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 centimeter (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

Code	Description
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"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm" Stated as T2 with no other information on size
996	Described as "greater than 5 cm" Stated as T3 with no other information on size
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

Merkel Cell Skin

CS Extension

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

Note 2: Skin ulceration does not alter the AJCC T category.

Note 3: In-transit metastasis is coded in CS Lymph Nodes.

Note 4: The assignment of the T1, T2, and T3 categories for Merkel cell carcinomas is based on tumor size. A physician's statement of the T category may be used to code both CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently; for example, the record may document size but not extension. Use codes 600, 610, 620, and 810 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepidermal, intraepithelial, noninvasive	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
600	Stated as T1 with no other information on extension	^	*	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
610	Stated as T2 with no other information on extension	^	*	L	L
620	Stated as T3 with no other information on extension	^	*	L	L
680	Fascia	T4	T4	D	RE
700	Underlying cartilage, bone, skeletal muscle	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	D
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

^ For CS Extension codes 100, 400, 500, 600, 610, and 620 ONLY, the T category for AJCC 7 staging is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this schema.

* For CS Extension codes 100, 400, 500, 600, 610, and 620 ONLY, the T category for AJCC 6 staging is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this schema.

Merkel Cell Skin

CS Tumor Size/Ext Eval

See Standard Table

Merkel Cell Skin

CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in CS Mets at DX.

Note 2: In-transit metastasis is defined as a tumor distinct from the primary lesion and located either between the primary lesion and the draining regional lymph nodes or distal to the primary lesion. In-transit metastasis is coded in CS Lymph Nodes.

Note 3: Isolated tumor cells (ITCs) should be considered positive nodes. If only ITCs are present, code 010.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
010	Isolated tumor cells (ITCs) only	N1a	N0	NONE	NONE
100	<p>Regional lymph nodes by primary site (includes bilateral or contralateral nodes for head, neck, and trunk)</p> <p>Head and Neck:</p> <p> All subsites: Cervical</p> <p> Lip:</p> <p> Mandibular, NOS:</p> <p> Submandibular (submaxillary)</p> <p> External ear/auditory canal:</p> <p> Mastoid (post-/retro-auricular) (occipital)</p> <p> Preauricular</p> <p> Face, Other (cheek, chin, forehead, jaw, nose and temple):</p> <p> Facial, NOS:</p> <p> Buccinator (buccal)</p> <p> Nasolabial</p> <p> Mandibular, NOS:</p> <p> Submandibular (submaxillary)</p> <p> Parotid, NOS:</p> <p> Infra-auricular</p> <p> Preauricular</p> <p> Scalp:</p> <p> Mastoid (post-/retro-auricular) (occipital)</p> <p> Parotid, NOS:</p> <p> Infra-auricular</p> <p> Preauricular</p> <p> Spinal accessory (posterior cervical)</p> <p> Neck:</p> <p> Axillary</p> <p> Mandibular, NOS</p> <p> Mastoid (post-/retro-auricular) (occipital)</p> <p> Parotid, NOS:</p> <p> Infra-auricular</p>	^	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	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	^	N1	RN	RN
200	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
300	200 + 100 Regional lymph nodes coded in 200 plus regional lymph nodes coded in 100	^	N1	D	RN
320	Stated as N1a with no other information on regional lymph nodes	^	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
340	Stated as N1b with no other information on regional lymph nodes	^	N1	RN	RN
360	Stated as N1 [NOS] with no other information on regional lymph nodes	^	N1	RN	RN
400	In-transit metastasis WITHOUT regional lymph node involvement or involvement of regional lymph nodes not stated (See Note 2)	N2	N1	RN	RN
420	400 + 100 In-transit metastasis WITH regional lymph nodes listed in code 100 (See Note 2)	N2	N1	RN	RN
440	400 + 200 In-transit metastasis WITH regional lymph nodes listed in code 200 (See Note 2)	N2	N1	D	RN
460	400 + 100 + 200 In-transit metastasis WITH regional lymph nodes listed in codes 100 and 200 (see Note 2)	N2	N1	D	RN
480	Stated as N2 [NOS] with no other information on regional lymph nodes	N2	N1	D	RN
800	Lymph nodes, NOS	N1NOS	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes codes 100-360 ONLY, the N category for AJCC 7 staging is assigned based on the value of CS Site-Specific Factor 3, Clinical Status of Lymph Node Mets, as shown in the Lymph Nodes and Clinical Status AJCC 7 Table.

Merkel Cell Skin**CS Lymph Nodes Eval**

Note 1: This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the diagnostic methods employed and their intent.

Note 2: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.

Note 3: Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging: No regional lymph nodes or in-transit metastases (nodules) removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	Does not meet criteria for AJCC pathologic staging: No regional lymph nodes or in-transit metastases (nodules) removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	c
2	Meets criteria for AJCC pathologic staging: No regional lymph nodes or in-transit metastases (nodules) removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Meets criteria for AJCC pathologic staging: Any microscopic assessment of regional nodes or in-transit metastases (nodules) (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection).	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes or in-transit metastases (nodules) removed for examination AFTER neoadjuvant therapy AND lymph node or in-transit metastases (nodules) evaluation based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).	c
6	Meets criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes or in-transit metastases (nodules) removed for examination AFTER neoadjuvant therapy AND lymph node or in-transit metastases (nodules) evaluation based on pathologic evidence, because the	yp

Code	Description	Staging Basis
6 cont'd	pathologic evidence at surgery is more extensive than clinical evidence before treatment.	
8	Meets criteria for AJCC autopsy (a) staging: Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes or in-transit metastases (nodules) removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Merkel Cell Skin**Regional Nodes Positive****See Standard Table**

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

Merkel Cell Skin**Regional Nodes Examined****See Standard Table****Merkel Cell Skin****CS Mets at DX**

Note: In-transit metastasis is coded in CS Lymph Nodes.

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)	M1a	M1	D	D
15	Metastasis to skin or subcutaneous tissue	M1a	M1	D	D
20	Stated as M1a with no other information on distant metastases	M1a	M1	D	D
30	Lung	M1b	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
35	30 + (10 or 15) Metastasis to lung plus distant lymph node(s) or skin or subcutaneous tissue	M1b	M1	D	D
37	Stated as M1b with no other information on distant metastasis	M1b	M1	D	D
40	OBSOLETE DATA RETAINED V0200; See code 60 Distant metastasis, NOS Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	ERROR	M1	D	D
45	Distant metastasis to all other visceral sites Except distant lymph node(s), skin or subcutaneous tissue, or lung Carcinomatosis	M1c	M1	D	D
50	OBSOLETE DATA RETAINED V0200; 10 + 40 Distant lymph node(s) plus other distant metastases	ERROR	M1	D	D
55	45 + (any of 10, 15, or 30) Metastasis to other visceral sites plus distant lymph node(s), skin, subcutaneous tissue, or lung	M1c	M1	D	D
57	Stated as M1c with no other information on distant metastases	M1c	M1	D	D
60	Distant metastasis, NOS Stated as M1 [NOS] with no other information on distant metastasis	M1NOS	M1	D	D
99	Unknown, distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

**Merkel Cell Skin
CS Mets Eval
See Standard Table**

**Merkel Cell Skin
CS Site-Specific Factor 3
Clinical Status of Lymph Node Mets
Note: See page A-111**

Note 1: AJCC defines microscopic lymph node metastases or "micrometastases" as those which are clinically inapparent by palpation and/or imaging but are pathologically positive. Micrometastases are diagnosed after sentinel or elective lymphadenectomy. "Macrometastases" are clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or needle biopsy.

Note 2: Assign code 000 if either there is no lymph node involvement (CS Lymph Nodes is coded 000), or there are in-transit metastases but no regional lymph node involvement (CS Lymph Nodes is coded 400).

Note 3: Assign code 000 if there are clinically apparent lymph node metastases but they are pathologically negative.

Note 4: Assign code 010 if lymph nodes are negative on palpation and/or imaging but are positive, including positive for isolated tumor cells (ITCs), on pathology.

Note 5: Assign code 010 if there is microscopic confirmation of lymph node metastases, including ITCs, but there is no documentation of the clinical status.

Note 6: Assign code 020 if there are clinically apparent lymph node metastases, whether they are confirmed by pathology or pathology is not performed.

Code	Description
000	No lymph node metastases; In-transit metastases WITHOUT regional lymph node involvement
010	Clinically occult lymph node metastases only (micrometastases) Isolated tumor cells (ITCs) only
020	Clinically apparent lymph node metastases (macrometastases)
888	OBSOLETE DATA CONVERTED V0200 ; See code 988; Not applicable for this site
988	Not applicable: Information not collected for this case; (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
999	Unknown if regional lymph nodes involved; Not documented in patient record