

**Soft Tissue****Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues**

C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

M- 8800-8936, 8940-9136, 9141-9582

C47.0 Peripheral nerves and autonomic nervous system of head, face and neck

C47.1 Peripheral nerves and autonomic nervous system of upper limb and shoulder

C47.2 Peripheral nerves and autonomic nervous system of lower limb and hip

C47.3 Peripheral nerves and autonomic nervous system of thorax

C47.4 Peripheral nerves and autonomic nervous system of abdomen

C47.5 Peripheral nerves and autonomic nervous system of pelvis

C47.6 Peripheral nerves and autonomic nervous system of trunk, NOS

C47.8 Overlapping lesion of peripheral nerves and autonomic nervous system

C47.9 Autonomic nervous system, NOS

C49.0 Connective, subcutaneous and other soft tissues of head, face, and neck

C49.1 Connective, subcutaneous and other soft tissues of upper limb and shoulder

C49.2 Connective, subcutaneous and other soft tissues of lower limb and hip

C49.3 Connective, subcutaneous and other soft tissues of thorax

C49.4 Connective, subcutaneous and other soft tissues of abdomen

C49.5 Connective, subcutaneous and other soft tissues of pelvis

C49.6 Connective, subcutaneous and other soft tissues of trunk

C49.9 Connective, subcutaneous and other soft tissues, NOS

C49.8 Overlapping lesion of connective, subcutaneous and other soft tissues

**Note 1:** Laterality must be coded for C47.1-C47.2 and C49.1-C49.2.**Note 2:** Soft tissue sarcomas of the heart and mediastinum (C38.0-C38.3 and C38.9) use the Heart, Mediastinum schema.**Soft Tissue****CS Tumor Size**

**Note:** The assignment of T1 and T2 categories for soft tissue sarcomas is based on tumor size. A physician's statement of the T category may be used to code 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, other than the physician's statement of the T category. Use codes 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 in mm)
989	989 mm or larger

Code	Description
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"
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 T1a or T1b
996	Described as "greater than 5 cm" Stated as T1a, T1b, or T1 [NOS] with no other information on size
999	Unknown; size not stated; Size of tumor cannot be assessed; Not documented in patient record

## Soft Tissue

### CS Extension

**Note 1:** For AJCC TNM staging, Superficial lesions are located entirely in the subcutaneous tissues without any degree of extension through the muscular fascia or into underlying muscle.

**Note 2:** For AJCC TNM staging, Deep lesions are located partly or completely within one or more muscle groups within the extremity. Deep tumors may extend through the muscular fascia into the subcutaneous tissues or even to the skin but the critical criterion is location of any portion of the tumor within the muscular components of the extremity.

**Note 3:** For tumors of the extremities and trunk ONLY, superficial lesions are defined as those not involving the superficial muscular fascia. Deep lesions are those that involve or are beneath the superficial fascia.

**Note 4:** According to AJCC, "All intraperitoneal visceral lesions, retroperitoneal lesions, and intrathoracic lesions, and the majority of head and neck tumors are considered deep." For coding extension of soft tissue tumors in these sites (C47.0, C47.3-5, C49.0, C49.3-5), use only codes 120, 312, 315, 320, 420, 620, 800, 950, or 990.

**Note 5:** Adjacent connective tissue is defined as the unnamed tissues that immediately surround an organ or structure containing a primary cancer. Use code 400 when a tumor has invaded past the outer border (capsule, serosa, or other edge) of the primary organ into the organ's surrounding supportive structures but has not invaded into larger structures or adjacent organs. Blood, cartilage, and bone are sometimes considered connective tissues, but they are coded separately.

**Note 6:** If a vessel has a name, for example brachial artery or recurrent laryngeal nerve, consider it a structure (code 600).

**Note 7:** The assignment of T1 and T2 categories for soft tissue sarcomas is based on tumor size. A physician's statement of the T category may be used to code 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, other than the physician's statement of the T category. Use codes 302, 305, 312, 315, 322, and 325 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
100	Invasive tumor confined to site/tissue of origin, NOS	^	*	L	L
110	Superficial invasive tumor confined to site/tissue of origin; (Lesion does not involve superficial fascia)	^	*	L	L
120	Deep tumor confined to site/tissue of origin	^	*	L	L
300	Localized, NOS	^	*	L	L
302	Stated as T1a with no other information on extension	^	*	L	L
305	Stated as T2a with no other information on extension	^	*	L	L
310	Superficial: Localized tumor, NOS	^	*	L	L
312	Stated as T1b with no other information on extension	^	*	L	L
315	Stated as T2b with no other information on extension	^	*	L	L
320	Deep: Localized tumor, NOS	^	*	L	L
322	Stated as T1 [NOS] with no other information on extension	^	*	L	L
325	Stated as T2 [NOS] with no other information on extension	^	*	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400	Adjacent connective tissue (see Note 5)	^	*	RE	RE
410	Superficial tumor involving adjacent connective tissue	^	*	RE	RE
420	Deep tumor involving adjacent connective tissue	^	*	RE	RE
600	Adjacent organs/structures including bone/cartilage; (Including major vessel invasion)	^	*	RE	RE
610	<b>OBSELETE DATA RETAINED AND REVIEWED V0203;</b> Tumors in adjacent organs/structures are deep; see Notes 1-6. Recode involvement of superficial tumors to codes 110, 310, 410. Recode involvement of deep tumors to 620. Superficial tumor involving adjacent organs/structures including bone/cartilage (Including major vessel invasion) (see Note 5)	^	*	RE	RE
620	Deep tumor involving adjacent organs/ structures including bone/cartilage (Including major vessel invasion) (see Note 5)	^	*	RE	RE
800	Further contiguous extension	^	*	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 100-800, 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 100-800 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.

**Soft Tissue****CS Tumor Size/Ext Eval**

See Standard Table

**Soft Tissue****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:** Regional lymph nodes are defined as those in the vicinity of the primary tumor.

**Note 3:** Regional lymph node involvement is rare. For this schema, if there is no mention of lymph node involvement clinically, assume that lymph nodes are negative. Use code 999 (Unknown) only when there is no available information on the extent of the patient's disease, for example when a lab-only case is abstracted from a biopsy report and no clinical history is available.

**Note 4:** For head, neck, and trunk primaries only, regional lymph nodes include bilateral or contralateral nodes.

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 nodes by primary site: All Head and Neck Subsites: Cervical Lip: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular Preauricular Eyelid/canthus: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular: Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular External ear and auditory canal:	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Mastoid (posterior, retro-auricular) (occipital) Preauricular Face, Other (cheek, chin, forehead, jaw, nose, and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular: Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular Preauricular Scalp: Mastoid (posterior, retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mastoid (posterior, retro-auricular) (occipital) Mandibular Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) Arm/shoulder: Axillary Spinal accessory for shoulder Epitrochlear for hand/forearm Leg/hip: Femoral (superficial inguinal) Popliteal for heel and calf Thorax: Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Mediastinal	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Abdomen: Celiac Iliac Para-aortic Pelvis: Deep inguinal, NOS: Rosenmuller or Cloquet node Superficial inguinal (femoral) Upper trunk: Axillary Cervical Internal mammary Supraclavicular (transverse cervical) Lower trunk: Superficial inguinal (femoral) All sites: Regional lymph node(s), NOS Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
120	Submental nodes for neck primary only (Including bilateral or contralateral nodes)	N1	N1	D	RN
150	Neck primary only: 120 + 100	N1	N1	D	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record; (See Note 3)	NX	NX	U	U

**Soft Tissue**  
**CS Lymph Nodes Eval**  
**See Standard Table**

**Soft Tissue****Regional Nodes Positive****See Standard Table**

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

**Soft Tissue****Regional Nodes Examined****See Standard Table****Soft Tissue****CS Mets at DX**

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)	M1	M1	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis	M1	M1	D	D
50	40 + 10 Distant metastasis plus distant lymph nodes	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

**Soft Tissue****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.

**Soft Tissue****CS Site-Specific Factor 1****Grade for Sarcomas****Note:** See page A-116

**Note 1:** Comprehensive grading of soft tissue sarcomas is strongly correlated with disease specific survival and incorporates differentiation, mitotic rate, and extent of necrosis. The grading system of the French Federation of Cancer Centers Sarcoma Group (FNCLCC) is preferred system.

**Note 2:** Record the grade from any 3 grade sarcoma grading system the pathologist uses. Do not code terms such as "well differentiated" or "poorly differentiated" in this field.

**Note 3:** In some cases, especially for needle biopsies, grade may be specified only as "low grade" or "high grade". Use code 100, which maps to G1, or 200, which maps to G3. Codes 010-030 take priority over codes 100 and 200.

**Note 4:** The mapping of grade as shown in this table is used in the derivation of AJCC 7 staging.

Code	Description	Mapping of Grade
010	Specified as Grade 1 [of 3]	1
020	Specified as Grade 2 [of 3]	2
030	Specified as Grade 3 [of 3]	3
100	Grade stated as low grade, NOS	1
200	Grade stated as high grade, NOS	3
888	<b>OBSOLETE DATA CONVERTED V0200</b> See code 988 Not applicable for this schema	9
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.)	9
998	No histologic examination of primary site	9
999	Unknown or no information Not documented in patient record	9