

Adrenal Gland**C74.0-C74.1, C74.9****C74.0 Cortex of adrenal gland****C74.1 Medulla of adrenal gland****C74.9 Adrenal gland, NOS**

Note 1: Laterality must be coded for this site.

Note 2: Except for histologies that have strictly histology-based CS schemas (for example lymphoma), all cases with primary site adrenal gland (C74._) are coded with this schema. However, only adrenal cortical carcinomas will have AJCC stage derived (7th Edition only). Adrenal cortical carcinoma is identified as C74.0 (adrenal cortex) with histology 8010, 8140, or 8370 OR C74.9 (adrenal gland, NOS) with histology 8370.

Adrenal Gland**CS Tumor Size**

Note 1: Code the specific tumor size as documented in the medical record.

Note 2: The assignment of T1 and T2 categories for tumors limited to the adrenal gland 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 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"
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" Stated as T1 with no other information on tumor size
996	Described as "greater than 5 cm" Stated as T2 with no other information on tumor size
999	Unknown; size not stated; Size of tumor cannot be assessed Not documented in patient record

Adrenal Gland CS Extension

Note 1: AJCC considers "in situ carcinoma of the adrenal gland" an impossible diagnosis. Any case so coded is mapped to TX for AJCC stage and in situ Summary Stage.

Note 2: The assignment of T1 and T2 categories for tumors limited to the adrenal gland 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 200, 250, 400, or 810 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 3: Use code 300 (Localized, NOS) when no further information is available to assign code 100, 200, or 250.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	TX	NA	IS	IS
050	OBSOLETE DATA RETAINED V0200 Code used in Endocrine Other schema, CSv1 For C75.1 pituitary gland, C75.2 craniopharyngeal duct and C75.3 pineal gland ONLY : Benign or borderline tumors	ERROR	NA	NA	NA
100	Invasive carcinoma confined to adrenal gland	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200	Stated as T1 with no other information on extension	^	NA	L	L
250	Stated as T2 with no other information on extension	^	NA	L	L
300	Localized, NOS	^	NA	L	L
400	Adjacent connective tissue (See definition in General Rules, Part I): Gerota's fascia Stated as T3 with no other information on extension	T3	NA	RE	RE
600	OBSOLETE DATA CONVERTED V0203 See code 605 Adjacent organs/structures: Kidney Retroperitoneal structures	ERROR	ERROR	ERROR	ERROR
605	Adjacent organs/structures: Kidney, ipsilateral or NOS Retroperitoneal structures including: Great vessels: Aorta Inferior vena cava	T4	NA	RE	RE
750	Pancreas	T4	NA	D	D
800	Further contiguous extension including: Diaphragm Liver Spleen	T4	NA	D	D
810	Stated as T4 with no other information on extension	T4	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
950	No evidence of primary tumor	T0	NA	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	NA	U	U

^ For CS Extension codes 100-300 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.

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CS Tumor Size/Ext Eval

See Standard Table

Note: The staging basis 6 for this schema is blank because AJCC stage is not applicable in the 6th Edition.

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CS Lymph Nodes

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

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	NA	NONE	NONE
100	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 105 and 300 Regional lymph node(s): Retroperitoneal, NOS Regional lymph node(s), NOS Stated as N1 with no other information on regional lymph nodes	N1	NA	RN	RN
105	Regional lymph node(s): Aortic, NOS: Para-aortic Periaortic Retroperitoneal, NOS Regional lymph node(s), NOS	N1	NA	RN	RN
110	Regional lymph node(s): Pericaval, NOS: Paracaval	N1	NA	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110 cont'd	Precaval Retrocaval	N1	NA	D	RN
200	OBSOLETE DATA CONVERTED V0203; See code 105 Regional lymph node(s): Aortic Parsaortic Periaortic	ERROR	ERROR	ERROR	ERROR
300	Stated as N1 with no other information on regional lymph nodes	N1	NA	RN	RN
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NA	U	U

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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: In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.

A. Microscopic assessment, including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging. When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).

B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).

Note 3: Microscopic assessment of the highest N category is always pathologic (code 3).

Note 4: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.

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

Note 6: The staging basis 6 for this schema is blank because AJCC stage is not applicable in the 6th Edition.

Code	Description	Staging Basis 7	Staging Basis 6
0	<p>Does not meet criteria for AJCC pathologic staging: No regional lymph nodes removed for examination. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.</p>	c	
1	<p>Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. OR Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup, WITHOUT removal of the primary site adequate for pathologic T classification (treatment).</p>	c	
2	<p>Meets criteria for AJCC pathologic staging: No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).</p>	p	
3	<p>Meets criteria for AJCC pathologic staging based on at least one of the following criteria: Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification (treatment) or biopsy assessment of the highest T category. OR Any microscopic assessment of a regional node in the highest N category, regardless of the T category information</p>	p	
5	<p>Meets criteria for AJCC pathologic staging based on at least one of the following criteria: Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification (treatment) or biopsy assessment of the highest T category. OR Any microscopic assessment of a regional node</p>	c	

Code	Description	Staging Basis 7	Staging Basis 6
5 cont'd	in the highest N category, regardless of the T category information	c	
6	Meets criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp	
8	Meets criteria for AJCC autopsy (a) staging: Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a	
9	Not applicable for this site (Version 1) Unknown if lymph nodes removed for examination Not assessed; cannot be assessed; Unknown if assessed Not documented in patient record	c	

Adrenal Gland**Regional Nodes Positive****See Standard Table**

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

Adrenal Gland**Regional Nodes Examined****See Standard Table****Adrenal Gland****CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	NA	NONE	NONE
10	Distant lymph node(s), NOS	M1	NA	D	D
40	Distant metastasis except distant lymph node(s)	M1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
40 cont'd	Carcinomatosis	M1	NA	D	D
50	40 + 10 Distant metastasis plus distant lymph node(s)	M1	NA	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	NA	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	NA	U	U

Adrenal Gland**CS Mets Eval**

Note: The staging basis 6 for this schema is blank because AJCC stage is not applicable in the 6th Edition.

Code	Description	Staging Basis 7	Staging Basis 6
0	Does not meet criteria for AJCC pathologic staging of distant metastasis: Evaluation of distant metastasis based on physical examination, imaging examination, and/or other non-invasive clinical evidence. No microscopic examination of metastasis performed or pathologic examination was negative.	c	
1	Does not meet criteria for AJCC pathologic staging of distant metastasis: Evaluation of distant metastasis based on endoscopic examination or other invasive technique, including surgical observation without biopsy. No microscopic examination of metastasis performed or microscopic examination was negative.	c	
2	Meets criteria for AJCC pathologic staging of distant metastasis:	p	

Code	Description	Staging Basis 7	Staging Basis 6
2 cont'd	No microscopic examination of metastasis done prior to death, but positive metastatic evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p	
3	Meets criteria for AJCC pathologic staging of distant metastasis: Positive microscopic examination of metastasis performed WITHOUT pre-surgical systemic treatment or radiation OR positive microscopic examination of metastasis performed, unknown if pre-surgical systemic treatment or radiation performed OR positive microscopic examination of metastasis performed prior to neoadjuvant treatment.	p	
5	Does not meet criteria for AJCC y-pathologic (yp) staging of distant metastasis: Positive microscopic examination of metastasis performed WITH pre-surgical systemic treatment or radiation, and metastasis based on clinical evidence.	c	
6	Meets criteria for AJCC y-pathologic (yp)staging of distant metastasis: Positive microscopic examination of metastasis performed WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence.	yp	
8	Meets criteria for AJCC autopsy (a) staging of distant metastasis: Evidence from autopsy AND tumor was unsuspected or undiagnosed prior to autopsy.	a	
9	Not applicable for this site (Version 1) Not assessed; cannot be accessed Unknown if accessed Not documented in patient record	c	