

Malignant Melanoma of Other Mouth**C05.8-C05.9, C06.8-C06.9****M-8720-8790**

C05.8 Overlapping lesion of palate

C05.9 Palate, NOS

C06.8 Overlapping lesion of other and unspecified parts of mouth

C06.9 Mouth, NOS

Melanoma Mouth Other**CS Tumor Size****See Standard Table****Melanoma Mouth Other****CS Extension**

Note 1: AJCC does not include a Tis or TX category for melanoma of mucosa of head and neck sites. CS Extension codes of 000 and 999 are mapped to NA and AJCC stage group is derived as NA.

Note 2: AJCC does not include a T1 or T2 category for mucosal melanoma of head and neck sites.

Note 3: Use codes 350-370 for extension involving the mucosa only of adjacent sites. Use higher codes for extension involving the deeper tissues of the primary or adjacent sites.

Note 4: Use code 300 for localized tumor only if no information is available to assign code 105, 470, or 510.

Note 5: Use code 470, 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	NA	NA	IS	IS
100	OBSOLETE DATA RETAINED V0200 Invasive tumor confined to: Lamina propria Submucosa	ERROR	NA	L	L
105	Tumor confined to mucosa of oral site	T3	NA	L	L
200	OBSOLETE DATA CONVERTED V0200 See code 510 Musculature invaded	ERROR	ERROR	ERROR	ERROR
300	Localized, NOS	T3	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
350	Extension involving mucosa only to adjacent sites in oral cavity including tongue	T3	NA	RE	RE
370	Extension involving mucosa only: Inferior surface of soft palate including uvula Lateral pharyngeal wall Lingual surface of epiglottis Oropharynx, NOS Vallecula	T3	NA	RE	RE
470	Stated as T3 with no other information on extension	T3	NA	L	L
500	OBSOLETE DATA RETAINED V0200 Adjacent oral cavity	ERROR	NA	RE	RE
510	Involvement of deep soft tissue or musculature of structure in code 105 Soft tissue, NOS	T4a	NA	L	L
520	510 + (350 or 370) Involvement of deep soft tissue or musculature of structure in code 105 plus mucosal involvement of any structure in code 350 or 370	T4a	NA	RE	RE
550	Deep soft tissue or musculature of any structure in code 350	T4a	NA	RE	RE
570	Deep soft tissue or musculature of any structure in code 370	T4a	NA	RE	RE
600	OBSOLETE DATA RETAINED V0200 Extension to oropharynx Inferior surface of soft palate Lateral pharyngeal wall	ERROR	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600 cont'd	Lingual surface of epiglottis Vallecula	ERROR	NA	RE	RE
690	Cortical bone of mandible Cortical bone of maxilla Mandible, NOS Maxilla, NOS Maxillary antrum (sinus) Cortical bone, NOS Cartilage, NOS Bone, NOS excluding base of skull	T4a	NA	D	D
700	OBSOLETE DATA RETAINED V0200 Extension to adjacent structures: Mandible Maxilla Maxillary antrum (sinus) Nasal cavity Skin of face/neck Tongue	ERROR	NA	D	D
705	Nasal cavity Skin of face/neck	T4a	NA	D	D
710	Deep (extrinsic) muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	NA	D	D
720	OBSOLETE DATA CONVERTED V0200 See code 750 Skull	ERROR	ERROR	ERROR	ERROR
725	Stated as T4a with no other information on extension	T4a	NA	L	L
750	Contiguous extension:	T4b	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
750 cont'd	Base of skull Carotid artery (encased) Masticator space Pterygoid plates	T4b	NA	D	D
800	OBSOLETE DATA RETAINED V0200 Further contiguous extension	ERROR	NA	D	D
801	Further contiguous extension: Brain Dura Lower cranial nerves (IX, X, XI, XII) Mediastinal structures Prevertebral space	T4b	NA	D	D
810	Stated as T4b with no other information on extension	T4b	NA	D	D
815	Stated as T4 [NOS] with no other information on extension	T4NOS	NA	L	L
950	OBSOLETE DATA RETAINED V0200 No evidence of primary tumor	ERROR	NA	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	NA	NA	U	U

Melanoma Mouth Other
CS Tumor Size/Ext Eval
See Standard Table

Melanoma Mouth Other
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 above or below the lower border of the

cricoid cartilage) is coded in CS Site-Specific Factors 1, 3-9.

Note 3: 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 4: The description of lymph nodes has been standardized across the head and neck schemas. All lymph node levels and groups listed here are considered regional nodes for AJCCstaging. Summary Stage 1977 and Summary Stage 2000 divide these nodes into regional and distant groups.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	NA	NONE	NONE
100	Positive regional node(s): Level I: Level IA- Submental Level IB - Submandibular (submaxillary), sublingual Level II node - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Level III node - Middle jugular: Middle deep cervical Level IV node - Lower jugular: Lower deep cervical Virchow node Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node(s), NOS	N1	NA	RN	RN
120	Positive regional node(s): Level V - Posterior triangle group: Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular (see Note 3) Level VI - Anterior compartment group: Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch	N1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	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) Retropharyngeal Suboccipital	N1	NA	D	D
180	Stated as N1 with no other information on regional lymph nodes	N1	NA	RN	RN
190	OBSOLETE DATA RETAINED V0200 Stated as N2a, no other information	ERROR	NA	RN	RN
200	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes listed in code 100	ERROR	NA	RN	RN
220	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes, any listed in code 120	ERROR	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
290	OBSOLETE DATA RETAINED V0200 Stated as N2b, no other information	ERROR	NA	RN	RN
300	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	RN	RN
320	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	D	D
400	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive bilateral or contralateral nodes	ERROR	NA	RN	RN
420	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive bilateral or contralateral nodes	ERROR	NA	D	D
490	OBSOLETE DATA RETAINED V0200 Stated as N2c, no other information	ERROR	NA	RN	RN
500	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	ERROR	NA	RN	RN
520	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive node(s), not stated if ipsilateral,	ERROR	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520 cont'd	or bilateral, or contralateral, AND not stated if single or multiple	ERROR	NA	D	D
600	OBSOLETE DATA RETAINED V0200 Stated as N2, NOS	ERROR	NA	RN	RN
700	OBSOLETE DATA RETAINED V0200 Stated as N3, no other information	ERROR	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

**Melanoma Mouth Other
CS Lymph Nodes Eval
See Standard Table**

**Melanoma Mouth Other
Regional Nodes Positive
See Standard Table**

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

**Melanoma Mouth Other
Regional Nodes Examined
See Standard Table**

**Melanoma Mouth Other
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	NA	NONE	NONE
10	Distant lymph node(s):	M1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
10 cont'd	Mediastinal (excluding superior mediastinal nodes) Distant lymph node(s), NOS	M1	NA	D	D
40	Distant metastasis except distant lymph node(s) 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

Melanoma Mouth Other**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.