

Other and Unspecified Major Salivary Glands**C08.1, C08.8-C08.9**

C08.1 Sublingual gland

C08.8 Overlapping lesion of major salivary glands

C08.9 Major salivary gland, NOS

Note: Laterality must be coded for C08.1.**Salivary Gland Other****CS Tumor Size**

Note: The assignment of T1 and T2. categories for tumors of the oropharynx 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 992 and 994 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
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
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" Stated as T2 with no other information on size
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
996	Described as "greater than 5cm"
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

Salivary Gland Other**CS Extension**

Note 1: AJCC considers "in situ carcinoma of salivary gland" an impossible diagnosis. Any case so coded will be mapped to an unknown AJCC stage, in situ Summary Stage.

Note 2: Periosteum is a fibrous membrane that wraps the outer surface of bones. Mucoperiosteum is a compound structure of mucous membrane and periosteum. Cortical bone is the dense compact outer layer of bone.

Note 3: The assignment of T1 and T2 categories for tumors of major salivary glands without extraparenchymal extension 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 305, 310, 408, 625, 810, or 815 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 4: Use code 300 for localized tumor only if no information is available to assign codes 100 or 305.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	TX	TX	IS	IS
100	Invasive tumor confined to gland/duct of origin	^	*	L	L
300	Localized, NOS	^	*	L	L
305	Stated as T1 with no other information on extension	^	*	L	L
310	Stated as T2 with no other information on extension	^	*	L	L
350	Microscopic extraparenchymal extension ONLY to periglandular soft/connective tissue	^	*	RE	RE
400	Macroscopic extraparenchymal extension to: Periglandular soft/connective tissue Another major salivary gland (parotid, submandibular) Skeletal muscle: Digastric Pterygoid	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	Stylohyoid	T3	T3	RE	RE
402	Maxillary artery Facial artery or vein	T3	T3	RE	RE
405	Spinal accessory nerve	T3	T3	D	D
408	Stated as T3 with no other information on extension	T3	T3	RE	RE
450	Periosteum of mandible	T4a	T4a	RE	RE
505	OBSOLETE DATA CONVERTED V0203; See code 515 (450 or 510) + 405 (Any structure in code 450 or 510 + Spinal accessory nerve)	ERROR	ERROR	ERROR	ERROR
510	Mandible Nerves: Facial (7th) Lingual	T4a	T4a	RE	RE
515	(450 or 510) + 402	T4a	T4a	RE	RE
518	(450 or 510) + 405	T4a	T4a	D	D
600	Skin	T4a	T4a	D	D
620	External auditory meatus	T4a	T4a	D	D
623	(600 or 620) + 402	T4a	T4a	D	D
625	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
650	OBSOLETE DATA REVIEWED AND CHANGED V0203 Recode involved structures to code 402, 515, 623, 655, or 660 as	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650 cont'd	appropriate Blood vessel(s): Carotid artery Facial artery or vein Maxillary artery	ERROR	ERROR	ERROR	ERROR
655	Carotid artery (encased)	T4b	T4b	RE	RE
660	655 + (405, 600, or 620) Carotid artery plus any structures in code 405, 600, or 620	T4b	T4b	D	D
710	Base of skull Skull, NOS	T4b	T4b	D	D
720	OBSOLETE DATA CONVERTED V0200 See code 405 Spinal accessory nerve	ERROR	ERROR	ERROR	ERROR
790	Pterygoid plates	T4b	T4b	D	D
800	Further contiguous extension	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

^For CS Extension codes 100-350 ONLY, the T category for AJCC 7 staging is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this schema.

*For CS Extension codes 100-350 ONLY, the T category for AJCC 6 staging is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this schema.

Salivary Gland Other
CS Tumor Size/Ext Eval
See Standard Table

SalivaryGlandOther
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: 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 AJCC staging. Summary Stage 1977 and Summary Stage 2000 divide these nodes into regional and distant groups.

Note 6: 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 I: Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Cervical, NOS Regional lymph node, NOS	^	*	RN	RN
120	Single positive ipsilateral regional node: Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Level III - Middle jugular: Middle deep cervical Level IV - Lower jugular:	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Level V - Posterior triangle group : 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 Retropharyngeal Suboccipital	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
180	Stated as N1 with no other information on regional lymph nodes	^	*	RN	RN
190	Stated as N2a with no other information on regional lymph nodes	^	*	RN	RN
200	Multiple positive ipsilateral nodes listed in code 100	^	*	RN	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 nodes listed in code 100, not stated if single or multiple	^	*	RN	RN
320	Positive ipsilateral nodes listed in code 120, not stated if single or multiple	^	*	D	D
400	Positive bilateral or contralateral nodes listed in code 100	^	*	RN	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
500	Positive nodes listed in code 100, not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	^	*	RN	RN
520	Positive nodes listed in code 100, not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520 cont'd	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	N1	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 100-700 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 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.

**Salivary Gland Other
CS Lymph Nodes Eval
See Standard Table**

**Salivary Gland Other
Regional Nodes Positive
See Standard Table**

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

**Salivary Gland Other
Regional Nodes Examined
See Standard Table**

Salivary Gland 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	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

Salivary Gland 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.

Salivary Gland Other
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"
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