

Lip, Upper**Lip (Vermilion or Labial Mucosa)****C00.0, C00.3****C00.0 External upper lip****C00.3 Mucosa of upper lip****Note: AJCC includes labial mucosa (C00.3) with buccal mucosa (C06.0)****Lip, Upper****CS Tumor Size****SEE STANDARD TABLE****Lip, Upper****CS Extension (Revised: 08/22/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	*	L	L
20	Musculature	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Commissure Opposite (both) lip(s)	*	RE	RE
51	Gingiva	*	RE	RE
70	Maxilla	T4	RE	RE
74	Upper lip/commissure: Nose	T4	RE	D
75	Tongue	T4	D	D
76	Skin of face/neck	T4	D	D
77	Cortical bone (other than code 70) Floor of mouth Inferior alveolar nerve	T4	D	D

80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Lip, Upper**Cs TS/Ext-Eval****SEE STANDARD TABLE****Lip, Upper****CS Lymph Nodes (Revised: 08/21/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

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.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Other groups Facial Buccinator (buccal) Nasolabial Parotid Infra-auricular Intraparotid Periparotid Preauricular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node	*	D	RN

11 cont'd	Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Parapharyngeal Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D

29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Lip, Upper
Reg LN Pos
SEE STANDARD TABLE

Lip, Upper
Reg LN Exam
SEE STANDARD TABLE

Lip, Upper
CS Mets at DX (Revised: 08/14/2006)

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Lip, Lower**Lip (Vermilion or Labial Mucosa)****C00.1, C00.4, C00.6****C00.1 External lower lip****C00.4 Mucosa of lower lip****C00.6 Commissure of lip****Note: AJCC includes labial mucosa (C00.4) with buccal mucosa (C06.0)****Lip, Lower****CS Tumor Size****SEE STANDARD TABLE****Lip, Lower****CS Extension (Revised: 08/22/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	*	L	L
20	Musculature	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Commissure Opposite (both) lip(s)	*	RE	RE
51	Gingiva	*	RE	RE
70	Mandible	T4	RE	RE
74	Nose	T4	RE	D
75	Tongue	T4	D	D
76	Skin of face/neck	T4	D	D

77	Cortical bone (other than code 70) Floor of mouth Inferior alveolar nerve	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Lip, Lower**CS TS/Ext-Eval****SEE STANDARD TABLE****Lip, Lower****CS Lymph Nodes (Revised: 08/21/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

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.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Other groups Facial: Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level II node Upper deep cervical Upper jugular Level III node Middle deep cervical Mid-jugular	*	D	RN

11 cont'd	Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN

30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Lip, Lower
Reg LN Pos
SEE STANDARD TABLE

Lip, Lower**Reg LN Exam****SEE STANDARD TABLE****Lip, Lower****CS Mets at DX (Revised: 08/14/2006)**

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Other Lip**Lip (Vermilion or Labial Mucosa)****C00.2, C00.5, C00.8-C00.9****C00.2 External lip, NOS****C00.5 Mucosa of lip, NOS****C00.8 Overlapping lesion of lip****C00.9 Lip, NOS (excludes skin of lip C44.0)****Note: AJCC includes labial mucosa (C00.5) with buccal mucosa (C06.0)****Other Lip****CS Tumor Size****SEE STANDARD TABLE****Other Lip****CS Extension (Revised: 08/22/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	*	L	L
20	Musculature	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Commissure Opposite (both) lip(s)	*	RE	RE
51	Gingiva	*	RE	RE
75	Tongue	T4	D	D
76	Skin of face/neck	T4	D	D
77	Cortical bone Floor of mouth Inferior alveolar nerve	T4	D	D
80	Further contiguous extension	T4	D	D

95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Other Lip**CS TS/Ext-Eval****SEE STANDARD TABLE****Other Lip****CS Lymph Nodes (Revised: 08/21/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

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.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node: Submandibular (Submaxillary) Submental Other groups: Facial: Buccinator (buccal) Mandibular Nasolabial Parotid: Infra-auricular Intraparotid Periparotid Preauricular Regional lymph node, NOS	*	RN	RN

11	<p>Single positive ipsilateral regional node:</p> <ul style="list-style-type: none"> Level II node <ul style="list-style-type: none"> Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node <ul style="list-style-type: none"> Middle deep cervical Mid jugular Level IV node <ul style="list-style-type: none"> Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS 	*	D	RN
12	<p>Single positive ipsilateral regional node:</p> <ul style="list-style-type: none"> Level V node <ul style="list-style-type: none"> Posterior cervical Posterior triangle (spinal accessory and transverse cervical) <ul style="list-style-type: none"> (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node <ul style="list-style-type: none"> Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node <ul style="list-style-type: none"> Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups <ul style="list-style-type: none"> Parapharyngeal Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4) 	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN

21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Other Lip
Reg LN Pos
SEE STANDARD TABLE

Other Lip
Reg LN Exam
SEE STANDARD TABLE

Other Lip
CS Mets at DX (Revised: 08/14/2006)

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Site Specific Surgery Codes**Oral Cavity****Lip C000–C009**, Base of Tongue C019, Other Parts of Tongue C020–C029,

Gum C030–C039, Floor of Mouth C040–C049, Palate C050–C059,

Other Parts of Mouth C060–C069

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

[SEER Note: Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

25 Laser excision

Specimen sent to pathology from surgical events 20–27**[SEER Note: Codes 20-27 include shave and wedge resection]**

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

40 Radical excision of tumor, NOS

41 Radical excision of tumor ONLY

42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)

- 43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

[SEER Note: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

Codes 40–43 include:

Total glossectomy

Radical glossectomy

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY