

Collaborative Staging Codes**Tonsil, Oropharynx****C09.0-C09.1, C09.8-C09.9, C10.0, C10.2-C10.4, C10.8-C10.9**

C09.0 Tonsillar fossa

C09.1 Tonsillar pillar

C09.8 Overlapping lesion of tonsil

C09.9 Tonsil, NOS (excludes lingual tonsil C02.4)

C10.0 Vallecula

C10.2 Lateral wall of oropharynx

C10.3 Posterior wall of oropharynx

C10.4 Branchial cleft (site of neoplasm)

C10.8 Overlapping lesion of oropharynx

C10.9 Oropharynx, NOS

Note 1: Laterality must be coded for C09.0, C09.1, C09.8, and C09.9.**Note 2:** AJCC includes base of tongue (C01.9) with oropharynx (C09._, C10._)**Tonsil, Oropharynx****CS Tumor Size****See Standard Table****Tonsil, Oropharynx****CS Extension (Revised: 08/15/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to one of the following subsites: Anterior wall (including vallecula and lingual (anterior) surface of epiglottis) One lateral wall Posterior wall	*	L	L
20	Involvement of two or more subsites: Posterior, anterior or lateral wall(s)	*	L	L
30	Localized, NOS	*	L	L
40	Soft palate, inferior surface including uvula, or soft palate, NOS	*	RE	RE
41	Hypopharynx NOS Pyramidal sinus	*	RE	RE
42	Soft palate, superior (nasopharyngeal) surface	*	RE	RE

50	Base of tongue Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva)	*	RE	RE
55	Any extension coded in 10-50 WITH fixation	*	RE	RE
60	Prevertebral fascia or muscle Soft tissue of neck	*	RE	RE
62	Nasopharynx, lateral, or NOS	T4b	RE	RE
65	Larynx, NOS Medial pterygoid muscle, or pterygoid muscle, NOS Posterior surface of epiglottis	T4a	RE	RE
70	Deep extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus Hard palate Mandible	T4a	D	D
72	Lateral pterygoid muscle Pterygoid plates	T4b	D	D
75	Bone of skull	T4b	D	D
76	Bone	T4b	D	D
77	Carotid artery	T4b	D	D
80	Further contiguous extension: Anterior 2/3 of tongue Parotid gland	T4b	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

Tonsil, Oropharynx

CS TS/Ext-Eval

SEE STANDARD TABLE

Tonsil, Oropharynx**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 II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental	*	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)	*	D	D

12 cont'd	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

Tonsil, Oropharynx**Reg LN Pos****SEE STANDARD TABLE****Tonsil, Oropharynx****Reg LN Exam****SEE STANDARD TABLE**

Tonsil, Oropharynx**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

Collaborative Staging Codes**Anterior Surface of Epiglottis****C10.1**

C10.1 Anterior surface of epiglottis

Note: AJCC includes lingual (anterior) surface of epiglottis (C10.1) with larynx. SEER Extent of Disease included it with oropharynx.**Anterior Surface of Epiglottis****CS Tumor Size****SEE STANDARD TABLE****Anterior Surface of Epiglottis****CS Extension (Revised: 05/07/2004)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to anterior surface of epiglottis with normal vocal cord mobility	T1	L	L
20	Mucosa of adjacent subsite(s) of oropharynx	T2	L	L
30	Localized, NOS	T1	L	L
31	Vallecula without fixation of larynx	T2	L	L
32	Mucosa of adjacent subsite(s) of supraglottis (including posterior surface of epiglottis) without fixation of larynx	T2	RE	RE
33	Larynx, glottic or NOS, without fixation of larynx	T2	RE	RE
34	Pyramidal sinus, medial wall or NOS, without fixation of larynx	T2	RE	RE
35	Mucosa of base of tongue without fixation of larynx	T2	RE	RE
36	Any of (10) to (35) with vocal cord fixation	T3	RE	RE
37	Paraglottic space Pre-epiglottic tissues	T3	RE	RE
38	Minor thyroid cartilage erosion (inner cortex) (see also code 67)	T3	D	D
39	Hypopharynx, NOS Postcricoid area Pyramidal sinus except medial wall (see code 34)	T3	RE	RE

43	(38) + (39)	T3	D	D
45	Soft palate, inferior surface including uvula, or soft palate, NOS	T4a	RE	RE
47	Nasopharynx, NOS Soft palate, superior (nasopharyngeal) surface	T4a	RE	RE
50	Base of tongue, except mucosa (see code 35) Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva)	T4a	RE	RE
62	Soft tissues of neck	T4a	RE	RE
65	Pterygoid muscle	T4a	RE	RE
66	[(38) or (43)] + any of [(45) to (65)]	T4a	D	D
67	Invasion through thyroid cartilage (see also code 38) Thyroid cartilage, NOS	T4a	D	D
68	Trachea	T4a	D	D
69	Esophagus Strap muscles Thyroid	T4a	D	D
70	Extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus	T4a	D	D
75	Prevertebral fascia or muscle Prevertebral space	T4b	RE	RE
77	(75) + any of [(66) to (70)]	T4b	D	D
80	Further contiguous extension, including: Anterior 2/3 of tongue Bone Encases carotid artery Hard palate Mandible Mediastinal structures Parotid gland	T4b	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

Anterior Surface of Epiglottis**CS TS/Ext-Eval****SEE STANDARD TABLE**

NOTE: For this primary site code CS Tumor Size/Ext Eval on the basis of the CS Extension field only.

Anterior Surface of Epiglottis**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 II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS	*	RN	RN

11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental	*	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

Anterior Surface of Epiglottis**Reg LN Pos****SEE STANDARD TABLE****Anterior Surface of Epiglottis****Reg LN Exam****SEE STANDARD TABLE**

Anterior Surface of Epiglottis
CS Mets at DX (Revised: 02/05/2007)

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), including mediastinal	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

Collaborative Staging Codes**Nasopharynx****C11.0-C11.3, C11.8-C11.9**

C11.0 Superior wall of nasopharynx

C11.1 Posterior wall of nasopharynx

C11.2 Lateral wall of nasopharynx

C11.3 Anterior wall of nasopharynx

C11.8 Overlapping lesion of nasopharynx

C11.9 Nasopharynx, NOS

Nasopharynx**CS Tumor Size****SEE STANDARD TABLE****Nasopharynx****CS Extension (Revised: 03/17/2004)**

Note: Parapharyngeal involvement denotes postero-lateral infiltration of tumor beyond the pharyngobasilar fascia. Involvement of the masticator space denotes extension of tumor beyond the anterior surface of the lateral pterygoid muscle, or lateral extension beyond the postero-lateral wall of the maxillary antrum, pterygo-maxillary fissure.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to one of the following subsites: Inferior wall (superior surface of soft palate) One lateral wall Posterior superior wall (vault)	T1	L	L
20	Involvement of two or more subsites: Lateral wall extending into eustachian tube/middle ear Posterior, inferior, or lateral wall(s)	T1	L	L
30	Confined to nasopharynx Localized, NOS	T1	L	L
40	Oropharynx Soft palate, inferior surface	T2a	RE	RE
50	Nasal cavity	T2a	RE	RE
55	Any extension coded in 10-50 WITH fixation or tumor Described only as FIXED	T4	RE	RE
56	Any extension coded in 10-50 WITH parapharyngeal extension	T2b	RE	RE

57	Hard palate	T4	D	RE
58	Pterygopalatine fossa	T4	RE	RE
60	Bone, including skull	T3	RE	RE
62	Paranasal sinus	T3	D	RE
65	Orbit	T4	RE	D
70	Brain Cranial nerves Hypopharynx Infratemporal fossa Orbit Intracranial extension, NOS	T4	D	D
75	Masticator space	T4	D	D
80	Further contiguous extension Soft tissues of the neck	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

Nasopharynx**CS TS/Ext-Eval****SEE STANDARD TABLE**

NOTE: For this primary site code CS Tumor Size/Ext Eval on the basis of the CS Extension field only.

Nasopharynx**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 II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental	*	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	*	D	D

12 cont'd	<p>that define upper, middle, and lower jugular nodes)</p> <p>Level VI node</p> <p>Anterior deep cervical</p> <p>Laterotracheal</p> <p>Paralaryngeal</p> <p>Paratracheal</p> <p>Prelaryngeal</p> <p>Pretracheal</p> <p>Recurrent laryngeal</p> <p>Level VII node</p> <p>Upper mediastinum (for other mediastinal nodes see CS Mets at DX)</p> <p>Other groups</p> <p>Intraparotid</p> <p>Parapharyngeal</p> <p>Periparotid</p> <p>Retropharyngeal</p> <p>Sub-occipital</p> <p>Supraclavicular fossa</p>	*	D	D
18	Stated as N1, no other information	N1	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
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
50	Regional lymph nodes as listed in code 10:	*	RN	RN

50 cont'd	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, no other information	N2	RN	RN
70	Stated as N3, NOS	N3NOS	RN	RN
75	Regional lymph nodes in the supraclavicular fossa: Inferior deep cervical (scalene) Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) (See note 4)	N3b	D	D
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

Nasopharynx**Reg LN Pos****SEE STANDARD TABLE****Nasopharynx****Reg LN Exam****SEE STANDARD TABLE****Nasopharynx****CS Mets at DX (Revised: 08/15/2006)**

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)	M1	D	D

40 cont'd	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

Collaborative Staging Codes**Pyriform Sinus, Hypopharynx, Laryngopharynx****C12.9, C13.0-C13.2, C13.8-C13.9**

C12.9 Pyriform sinus

C13.0 Postcricoid region

C13.1 Hypopharyngeal aspect of aryepiglottic fold

C13.2 Posterior wall of hypopharynx

C13.8 Overlapping lesion of hypopharynx

C13.9 Hypopharynx, NOS

Pyriform Sinus, Hypopharynx, Laryngopharynx**CS Tumor Size****SEE STANDARD TABLE****Pyriform Sinus, Hypopharynx, Laryngopharynx****CS Extension (Revised: 09/25/2007)****Note:** If there is fixation of hemilarynx or larynx, code to 55, not 15 or 45.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to one of the following subsites: Laryngopharynx Postcricoid area Posterior pharyngeal wall Pyriform sinus	*	L	L
15	Code 10 with tumor fixation	*	RE	RE
20	Tumor invades more than one subsite of hypopharynx (listed in code 10) WITHOUT fixation	*	L	L
30	Localized, NOS	*	L	L
40	Oropharynx	*	RE	RE
45	Code 20, 30, or 40 with tumor fixation	*	RE	RE
50	Larynx	*	RE	RE
51	OBSOLETE: converted to 45-Any of codes 10-40 WITH fixation of tumor or fixation, NOS	*	RE	RE
55	Fixation of hemilarynx or larynx	T3	RE	RE
60	Soft tissues of neck including Prelaryngeal strap muscles	T4a	RE	RE

60 cont'd	Subcutaneous fat	T4a	RE	RE
61	Esophagus	T4a	RE	RE
62	Thyroid gland	T4a	D	RE
63	Cricoid cartilage Thyroid cartilage	T4a	D	RE
64	Prevertebral fascia/muscle(s)	T4b	RE	RE
65	Carotid artery	T4b	D	RE
66	Hyoid bone	T4a	D	D
70	Mediastinal structures	T4b	D	D
80	Further contiguous extension	T4b	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

*For extension codes 10, 15, 20, 30, 40, 50, and 51 ONLY, the T category is assigned based on the value of CS Tumor Size and CS Extension as shown in the Specific Extension Codes with Size Table for this site.

Pyriform Sinus, Hypopharynx, Laryngopharynx

CS TS/Ext-Eval

SEE STANDARD TABLE

Pyriform Sinus, Hypopharynx, Laryngopharynx

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 II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital	*	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 VII node	*	D	D

12 cont'd	Upper mediastinum (for other mediastinal nodes see CS Mets at DX) 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

Pyriform Sinus, Hypopharynx, Laryngopharynx**Reg LN Pos****SEE STANDARD TABLE****Pyriform Sinus, Hypopharynx, Laryngopharynx****Reg LN Exam****SEE STANDARD TABLE****Pyriform Sinus, Hypopharynx, Laryngopharynx****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

Collaborative Staging Codes**Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites****C14.0, C14.2, C14.8**

C14.0 Pharynx, NOS

C14.2 Waldeyer ring

C14.8 Overlapping lesion of lip, oral cavity, and pharynx

Note: AJCC does not define TNM staging for this site.**Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites****CS Tumor Size****SEE STANDARD TABLE****Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites****CS Extension (Revised: 12/10/2003)**

Note: Definition of Adjacent Structures: Connective tissues large enough to be given a specific name would be considered adjacent structures. For example, the brachial artery has a name, as does the broad ligament. Continuous tumor growth from one organ into an adjacent named structure would be coded to less than 60 in the schemes for ill-defined or non-specific sites.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	NA	IS	IS
10	Invasive tumor confined to site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	More than one region of pharynx involved (oropharynx, nasopharynx, hypopharynx)	NA	RE	RE
50	Pharynx and oral cavity involved	NA	RE	RE
55	Any of codes 10-50 WITH fixation	NA	RE	RE
60	Extension to adjacent structures (See note)	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites**CS TS/Ext-Eval (Revised: 03/17/2004)**

Code	Description	Staging basis
9	Not applicable for this site	NA

Pharynx, NOS, and Other Ill-Defined Oral Cavity Sites**CS Lymph Nodes (Revised: 08/15/2006)**

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	NA	NONE	NONE
10	Regional lymph node(s) bilateral and/or contralateral: Cervical, NOS Internal jugular, NOS Deep cervical, NOS: Lower, NOS Jugulo-omohyoid (supraomohyoid) Middle Upper, NOS: Jugulodigastric (subdigastric) Mandibular, NOS Submandibular (submaxillary) Submental Paratracheal Recurrent laryngeal nerve chain Prelaryngeal Delphian node Retropharyngeal Regional lymph node(s), NOS	NA	RN	RN
12	Regional lymph node(s) bilateral and/or contralateral: Supraclavicular, NOS (See Note 4)	NA	D	D
80	Lymph nodes, NOS	NA	RN	RN

99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U
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Pharynx, NOS, and Other III-Defined Oral Cavity Sites**Reg LN Pos****SEE STANDARD TABLE****Pharynx, NOS, and Other III-Defined Oral Cavity Sites****Reg LN Exam****SEE STANDARD TABLE****Pharynx, NOS, and Other III-Defined Oral Cavity Sites****CS Mets at DX (Revised: 02/22/2005)**

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	NA	NONE	NONE
10	Distant lymph node(s), including: Mediastinal	NA	D	D
40	Distant metastasis, NOS Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	NA	U	U

Site Specific Surgery Codes**Pharynx****Tonsil C090–C099, Oropharynx C100–C109, Nasopharynx C110–C119****Pyriiform Sinus C129, Hypopharynx C130–C139, Pharynx C140**

(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
 - 15 Stripping

No specimen sent to pathology from surgical events 10–15

- 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 and 28 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
- 28 Stripping

Specimen sent to pathology from surgical events 20–28

- 30 Pharyngectomy, NOS
 - 31 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
 - 32 Total pharyngectomy
- 40 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS
(does NOT include total mandibular resection)

[**SEER Notes:** Code 40 includes mandibulectomy (marginal, segmental, hemi-, and/or laryngectomy) NOS Contiguous bone tissue refers to the mandible]

- 41 WITH laryngectomy (laryngopharyngectomy)
- 42 WITH bone [mandibulectomy]
- 43 WITH both 41 and 42

[SEER Notes: Use code 40 when the patient had a pharyngectomy and maybe some sort of mandibulectomy and/or maybe a laryngectomy, but the exact procedures are not clear. Use code 41 when the patient had pharyngectomy and laryngectomy but no mandibulectomy Use code 42 when the patient had pharyngectomy and mandibulectomy but no laryngectomy Use code 43 when it is certain that the patient had both a mandibulectomy and laryngectomy in addition to the pharyngectomy]

- 50 Radical pharyngectomy (includes total mandibular resection), NOS
 - 51 WITHOUT laryngectomy
 - 52 WITH laryngectomy
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

Site Specific Surgery Codes

All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, C680–C689, C690–C699, C740–C749, C750–C759

(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

- 30 Simple/partial surgical removal of primary site
- 40 Total surgical removal of primary site; enucleation
 - 41 Total enucleation (for eye surgery only)
- 50 Surgery stated to be “debulking”

-
- 60 Radical surgery
Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**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]

- 90 Surgery, NOS

- 99 Unknown if surgery performed; death certificate ONLY