

**GumLower**  
**Gum, Lower and Retromolar Area**  
**Retromolar gingiva (trigone)**  
**C03.1, C06.2**

C03.1 Lower gum

C06.2 Retromolar area

**GumLower**  
**CS Tumor Size**

**Note 1:** Code the specific tumor size as stated in the medical record. Use code 992, 994, or 995 if the physician's statement about T value is the ONLY information available about the size of the tumor. (Refer to the CS Extension table for instructions on coding extension.)

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1 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" Stated as T3 with no other information on size
996	Described as "greater than 5cm"
999	Unknown; size not stated; not documented in patient record

## GumLower CS Extension

**Note 1:** Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement (code 700).

**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. Trabecular, cancellous, or spongy bone (spongiosa) is a porous network of tissue filling the interior of bone, decreasing weight and allowing room for blood vessels and marrow.

**Note 3:** AJCC assigns T value based on size for involvement of cortical bone. Involvement through cortical bone is required for assignment of T4a.

**Note 4:** Use code 300 for localized tumor ONLY if no information is available to assign codes 100, 405, 410, or 415.

**Note 5:** Use code 405, 410, 415, 775, 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; noninvasive; intraepithelial	Tis	Tis	IS	IS
100	Invasive tumor confined to lamina propria (mucoperiosteum) (stroma)	^	*	L	L
300	Localized, NOS	^	*	L	L
405	Stated as T1 with no other information on extension	^	*	L	L
410	Stated as T2 with no other information on extension	^	*	L	L
415	Stated as T3 with no other information on extension	^	*	L	L
500	Buccal mucosa (inner cheek) Floor of mouth Labial mucosa (inner lip), lower lip Labial mucosa (inner lip), lip NOS Tongue mucosa  (Note: Mucosa upper lip moved to code 780)	^	*	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
535	Cortical bone of mandible Mandible, NOS Cortical bone, NOS Bone, NOS	^	*	RE	RE
550	Facial muscle, NOS Subcutaneous soft tissue of face	^	*	RE	RE
600	Lateral pharyngeal wall Tonsillar pillars and fossa Tonsils	^	*	RE	RE
650	Soft palate including uvula	^	*	RE	RE
700	OBSOLETE DATA RETAINED V0200  Mandible	ERROR	T4a	RE	RE
720	Deep (extrinsic) muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	T4a	RE	RE
725	Trabecular bone of mandible	T4a	T4a	RE	RE
760	Skin of face	T4a	T4a	D	D
770	Bone of maxilla Maxilla, NOS	T4a	T4a	D	D
775	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
780	Labial mucosa (inner lip), upper lip	T4b	T4b	D	D
785	780 + (760 or 770) (Mucosa upper lip + Any structure in code 760 or 770)	T4b	T4b	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
788	Specified bone (other than mandible, maxilla, and bones in codes 795 and 805)	T4b	T4b	D	D
790	OBSOLETE DATA CONVERTED V0200 See code 805  Skull	ERROR	ERROR	ERROR	ERROR
795	Masticator space Pterygoid plates	T4b	T4b	D	D
800	OBSOLETE DATA RETAINED V0200  Further contiguous extension, including: Masticator space Pterygoid plates Skull base Encases internal carotid artery	ERROR	T4b	D	D
805	Further contiguous extension, including: Skull Skull base Internal carotid artery (encased)	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	D	D
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For codes 100 through 650 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

\* For codes 100 through 650 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

### GumLower

#### CS Tumor Size/Ext Eval

See Standard Table

### GumLower

#### 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 Instructions.

**Note 2:** For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, levels involved, and the location of involved nodes above or below the lower border of the cricoid cartilage) is coded in 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:** Buccinator and nasolabial nodes have been moved from code 100 in CSV1 to code 110 in CSV2.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
100	Single positive ipsilateral regional node: Level I node Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Level II node Upper jugular Jugulodigastric (subdigastric) Upper deep cervical Level III node	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Middle jugular Middle deep cervical Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Other groups Facial Mandibular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS	^	*	RN	RN
110	Single positive ipsilateral regional node Other groups Facial Buccinator (buccal) Nasolabial	^	*	D	RN
120	Single positive ipsilateral regional node: Level V node Posterior triangle group Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular Level VI node Anterior compartment group Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Prelaryngeal Pretracheal - above suprasternal notch Recurrent laryngeal	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Level VII node Superior mediastinal group (for other mediastinal nodes see CS Mets at DX) Esophageal groove Paratracheal - below suprasternal notch Pretracheal - below suprasternal notch Other groups Parotid Infraauricular Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular Retropharyngeal      Suboccipital	^	*	D	D
180	Stated as N1, no other information	N1	N1	RN	RN
190	Stated as N2a, no other information	N2a	N2a	RN	RN
200	Multiple positive ipsilateral nodes listed in code 100	^	*	RN	RN
210	Multiple positive ipsilateral nodes, any listed in code 110(WITH or WITHOUT nodes listed in code 100)	^	*	D	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, no other information	N2b	N2b	RN	RN
300	Regional lymph nodes listed in code 100: Positive ipsilateral node(s), not stated if	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
300 cont'd	single or multiple	^	*	RN	RN
310	Regional lymph nodes as listed in code 110: Positive ipsilateral node(s), not stated if single or multiple	^	*	D	D
320	Regional lymph nodes listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	^	*	D	D
400	Regional lymph nodes as listed in code 100: Positive bilateral or contralateral nodes	^	*	RN	RN
410	Regional lymph nodes, any listed in code 110: Positive bilateral or contralateral nodes (WITH or WITHOUT nodes listed in code 100)	^	*	D	RN
420	Regional lymph nodes, any listed in code 120: Positive bilateral or contralateral nodes (WITH or WITHOUT nodes listed in code 100 or 110)	^	*	D	D
490	Stated as N2c, no other information	N2c	N2c	RN	RN
500	Regional lymph nodes listed in code 100: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	RN	RN
510	Regional lymph nodes listed in code 110:	^	*	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
510 cont'd	Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	D	RN
520	Regional lymph nodes listed in code 120: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	D	D
600	Stated as N2, NOS	N2NOS	N2NOS	RN	RN
700	Stated as N3, no other information	N3	N3	RN	RN
800	Lymph nodes NOS	^	*	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

^ For codes 100-120, 200-220, 300-320, 400-420, 500-520, and 800 ONLY, the N category for AJCC 7th Edition staging is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

\* For codes 100-120, 200-220, 300-320, 400-420, 500-520, and 800 ONLY, the N category for AJCC 6th Edition staging is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

### **GumLower**

#### **Reg LN Pos**

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

**See Standard Table**

### **GumLower**

#### **Reg LN Exam**

**See Standard Table**

**GumLower**  
**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; none	M0	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastases except distant lymph node(s)(code 10) Carcinomatosis	M1	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1, NOS	M1	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U