

**MelanomaFloorMouth**  
**Malignant Melanoma Floor of Mouth**  
**C04.0-C04.1, C04.8-C04.9**

(M-8720-8790)

C04.0 Anterior floor of mouth

C04.1 Lateral floor of mouth

C04.8 Overlapping lesion of floor of mouth

C04.9 Floor of mouth, NOS

**MelanomaFloorMouth**  
**CS Tumor Size**  
**See Standard Table**

**MelanomaFloorMouth**  
**CS Extension**

**Note 1:** AJCC does not include a Tis or TX category for melanoma of mucosa of head and neck sites. Extension codes of 000 and 999 will be mapped to NA and AJCC stage group will be 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 code 300 for localized tumor ONLY if no information is available to assign code 105, 405, or 460.

**Note 4:** Use code 460,775, 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	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	T3	NA	L	L
300	Localized, NOS	T3	NA	L	L
400	OBSOLETE DATA RETAINED V0200 Tumor crosses midline	ERROR	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
405	Tumor confined to mucosa crossing midline	T3	NA	L	L
450	Extension via mucosa to: Anterior 2/3 of tongue Gingiva (alveolar ridge), lower Base of tongue Epiglottis Glossoepiglottic fold Glossopharyngeal sulcus Lateral pharyngeal wall Pharyngeal (lingual) surface Pharyngoepiglottic fold Tonsillar pillars and fossae Tonsils Vallecula	T3	NA	RE	RE
460	Stated as T3 with no other information on extension	T3	NA	L	L
500	OBSOLETE DATA RETAINED V0200  Anterior 2/3 of tongue Base of tongue Gingiva (alveolar ridge), lower	ERROR	NA	RE	RE
510	Involvement of deep soft tissue or musculature of structures in code 105 or 405 Soft tissue NOS	T4a	NA	L	L
520	510 + 450  (Involvement of deep soft tissue or musculature of structures in code 105 or 405 + Mucosal involvement of structures in code 450)	T4a	NA	RE	RE
530	Sublingual gland, including ducts Submandibular (submaxillary)	T4a	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
530 cont'd	glands, including ducts	T4a	NA	RE	RE
600	OBSOLETE DATA RETAINED V0200  Epiglottis Glossoepiglottic fold Glossopharyngeal sulcus Lateral pharyngeal wall Pharyngeal (lingual) surface Pharyngoepiglottic fold Tonsillar pillars and fossae Tonsils Vallecula	ERROR	NA	RE	RE
620	Extension to deep extrinsic muscle of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus	T4a	NA	L	L
625	620 + 450  (Any structure in code 620 with mucosal involvement of any structure in code 450)	T4a	NA	RE	RE
628	620 + 530  (Any structure in code 620 with involvement of any structure in code 530)	T4a	NA	RE	RE
630	OBSOLETE DATA RETAINED V0200  620 + any of (500, 530, or 600)	ERROR	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
635	Involvement of deep soft tissue or musculature of any structure in code 450	T4a	NA	RE	RE
640	OBSOLETE DATA CONVERTED V0200 See code 740 Subcutaneous soft tissue of chin/neck	ERROR	ERROR	ERROR	ERROR
700	Cortical bone: Mandible Maxilla Cartilage: Mandible Maxilla Mandible, NOS Maxilla, NOS Bone, NOS excluding skull base Cartilage, NOS	T4a	NA	RE	RE
740	Subcutaneous soft tissue of chin/neck	T4a	NA	RE	RE
760	Skin of undersurface of chin/neck	T4a	NA	RE	RE
770	OBSOLETE DATA CONVERTED V0200 See code 700  Further contiguous extension: Maxillary sinus	ERROR	ERROR	ERROR	ERROR
775	Stated as T4a with no other information on extension	T4a	NA	L	L
800	Contiguous extension: Skull base Masticator space Pterygoid plates Internal carotid artery (encased)	T4b	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
801	Further contiguous extension: Brain Dura Lower cranial nerves (IX, X, XI, XII) Prevertebral space Mediastinal structures	T4b	NA	D	D
810	Stated as T4b with no further 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 Primary tumor cannot be assessed Not documented in patient record	NA	NA	U	U

**MelanomaFloorMouth**  
**CS Tumor Size/Ext Eval**  
**See Standard Table**

**MelanomaFloorMouth****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 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:** 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 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	NA	NONE	NONE
100	Positive regional node(s): Level I node Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Level II node - Upper jugular Jugulodigastric (subdigastric) Upper deep cervical Level III node - Middle jugular Middle deep cervical Level IV node - Lower jugular Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS	N1	NA	RN	RN
120	Positive regional node(s): Level V node - Posterior triangle group Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical,	N1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	supraclavicular (see Note 3) Level VI node - Anterior compartment group Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Prelaryngeal Pretracheal - above suprasternal notch Recurrent laryngeal 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: Facial: Buccinator (buccal) Mandibular Nasolabial Parotid: Infra-auricular Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular (mastoid) Retropharyngeal Suboccipital	N1	NA	D	D
180	Stated as N1, no other information	N1	NA	RN	RN
190	OBSOLETE DATA RETAINED	ERROR	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
190 cont'd	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 (WITH or WITHOUT nodes listed in code 100 or 110)	ERROR	NA	D	D
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	ERROR	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	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 (WITH or WITHOUT nodes listed in code 100 or 110)	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, 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

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
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; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NA	U	U

**MelanomaFloorMouth****Reg LN Pos**

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

See Standard Table

**MelanomaFloorMouth****Reg LN Exam**

See Standard Table

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