

SalivaryGlandOther**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.**SalivaryGlandOther****CS Tumor Size**

Note 1: Code the specific tumor size as stated in the medical record. Use code 992 or 994 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"
996	Described as "greater than 5cm"
999	Unknown; size not stated 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: Use code 300 for localized tumor ONLY if no information is available to assign codes 100 or 305.

Note 4: Use code 305, 310, 408, 625, 810, or 815 if the physician's assignment of T category is the ONLY information available about the extent of the tumor. 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; non-invasive; intraepithelial	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 Stylohyoid	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
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	450 or 510) + 405 (Any structure in code 450 or 510 + Spinal accessory nerve)	T4a	T4a	D	D
510	Mandible Nerves: Facial (7th) Lingual	T4a	T4a	RE	RE
600	Skin	T4a	T4a	D	D
620	External auditory meatus	T4a	T4a	D	D
625	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
650	OBSOLETE DATA RETAINED V0200 Blood vessel(s): Carotid artery Facial artery or vein Maxillary artery Note: Structures moved to correct AJCC mapping	ERROR	T4b	RE	RE
655	Carotid artery (encased)	T4b	T4b	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
660	655 + (450, 600, or 620) (Carotid artery + Any structures in codes 450, 600, or 620)	T4b	T4b	D	D
710	Base of skull Skull, NOS	T4b	T4b	RE	D
720	OBSOLETE DATA CONVERTED V0200 Moved to code 405 for AJCC mapping 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 Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

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

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

SalivaryGlandOther
CS Tumor Size/Ext Eval
See Standard Table

Salivary Gland Other**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: 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: Level II and Level III nodes moved from code 120 in CSv1 to code 100.

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) Level II node - Upper jugular Jugulodigastric (subdigastric) Upper deep cervical Level IIA Level IIB Level III node - Middle jugular Middle deep cervical Other groups: Parotid Infra-auricular Intraparotid Periparotid Preauricular Cervical, NOS	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Regional lymph node, NOS	^	*	RN	RN
120	<p>Single positive ipsilateral regional node:</p> <ul style="list-style-type: none"> Level IV node - Lower jugular <ul style="list-style-type: none"> Lower deep cervical Virchow node Level V node - <ul style="list-style-type: none"> Posterior triangle group Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular Level VI node - Anterior compartment group <ul style="list-style-type: none"> Laterotracheal <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Esophageal groove Paratracheal - below suprasternal notch Pretracheal - below suprasternal notch <p>Other groups:</p> <ul style="list-style-type: none"> Facial: <ul style="list-style-type: none"> Buccinator (buccal) Mandibular Nasolabial Parotid: <ul style="list-style-type: none"> Infraauricular 	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular Retropharyngeal Sublingual 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
220	Multiple positive ipsilateral nodes, any listed in code 120 (WITH or WITHOUT nodes listed in code 100)	^	*	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 single or multiple	^	*	RN	RN
320	Regional lymph nodes listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	^	*	D	D
400	Regional lymph nodes listed in code 100: Positive bilateral or contralateral nodes	^	*	RN	RN
420	Regional lymph nodes, any listed in code 120: Positive bilateral or contralateral nodes (WITH or WITHOUT nodes listed in	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
420 cont'd	code 100)	^	*	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
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 node(s) 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.

Salivary Gland Other Reg LN Pos

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

See Standard Table

SalivaryGlandOther
Reg LN Exam
See Standard Table

SalivaryGlandOther
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