

**Oropharynx****Tonsil and Oropharynx (excluding Malignant Melanoma)****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 (excluding 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.\_).**Oropharynx****CS Tumor Size**

**Note:** The assignment of T1 and T2 categories for tumors of the oropharynx is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 992 and 994 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (mm) (Exact size in mm)
989	989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 centimeter (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"

Code	Description
994 cont'd	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 Size of tumor cannot be assessed Not documented in patient record

### Oropharynx

#### CS Extension

**Note 1:** The assignment of T1 and T2 categories for tumors of the oropharynx is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 305, 310, 540, 705, 810, or 815 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

**Note 2:** Use code 300 for localized tumor only if no information is available to assign code 150, 200, 305, 310, or 530.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	Tis	Tis	IS	IS
100	<b>OBSOLETE DATA RETAINED V0200</b> Epiglottis mapped to T3 in CSv2, see code 530 Invasive tumor confined to one of the following subsites: Anterior wall (including vallecula and lingual (anterior) surface of epiglottis) One lateral wall Posterior wall	ERROR	*	L	L
150	Invasive tumor confined to one of the following subsites:	^	*	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
150 cont'd	Anterior wall including vallecula One lateral wall Posterior wall	^	*	L	L
200	Involvement of two or more subsites: Posterior, anterior, or lateral wall(s)	^	*	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
400	Soft palate, inferior surface including uvula Soft palate, NOS	^	*	RE	RE
410	<b>OBSOLETE DATA CONVERTED V0200</b> T4a involvement per curator, see code 630 Hypopharynx NOS Pyriiform sinus	ERROR	ERROR	ERROR	ERROR
420	Soft palate, superior (nasopharyngeal) surface	^	*	RE	RE
500	Base of tongue Buccal mucosa (inner cheek) Floor of mouth Gum (gingiva)	^	*	RE	RE
510	Any site in codes 150-500 WITH fixation	^	*	RE	RE
520	Involvement of both lateral walls through soft palate or base of tongue	^	*	D	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
530	Epiglottis, lingual surface	T3	*	L	L
531	530 + 200	T3	*	L	L
533	530 + (400, 420, 500, 510) Epiglottis, lingual surface plus any structure in codes 400, 420, 500, and 510	T3	*	RE	RE
535	530 WITH fixation WITH or WITHOUT involvement of any site in codes 400, 420, 500, and 510	T3	*	RE	RE
538	530 +520 Epiglottis, lingual surface, plus both lateral walls through soft palate or base of tongue	T3	*	D	RE
540	Stated as T3 with no other information on extension	T3	*	RE	RE
550	<b>OBSOLETE DATA RETAINED V0200</b> Extension to lingual surface of epiglottis assigned to T3 in AJCC 7 See codes 510, 535 Any extension coded in 100-500 WITH fixation	ERROR	*	RE	RE
600	<b>OBSOLETE DATA REVIEWED AND CHANGED V0203</b> T4 involvement per curator , see codes 610, 635, 675, 708, 715, 718 Prevertebral fascia or muscle Soft tissue of neck	ERROR	ERROR	ERROR	ERROR
610	Soft tissue of neck	T4a	T4a	RE	RE
620	<b>OBSOLETE DATA CONVERTED V0200</b>	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
620 cont'd	See code 710 Nasopharynx, lateral, or NOS	ERROR	ERROR	ERROR	ERROR
630	Hypopharynx NOS Pyriform sinus	T4a	T4a	RE	RE
635	630 + (420, 500, 510, 535, or 610)	T4a	T4a	RE	RE
650	Larynx, NOS Medial pterygoid muscle, or pterygoid muscle, NOS Posterior surface of epiglottis	T4a	T4a	RE	RE
675	(610, 630, 650) + 520 Involvement of any structure in codes 610, 630, and 650 plus involvement of both lateral walls through soft palate or base of tongue	T4a	T4a	D	RE
700	Deep extrinsic muscles of tongue: Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Styloglossus Hard palate Mandible	T4a	T4a	D	D
705	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
708	Prevertebral fascia/muscle	T4b	T4b	RE	RE
710	Nasopharynx, lateral or NOS	T4b	T4b	RE	RE
715	(708 or 710) + 520 Prevertebral fascia/muscle or nasopharynx plus involvement of both	T4b	T4b	D	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
715 cont'd	lateral walls through soft palate or base of tongue	T4b	T4b	D	RE
718	(708 and/or 710) + 700 Prevertebral fascia/muscle or nasopharynx plus any structure in code 700	T4b	T4b	D	D
720	Lateral pterygoid muscle Pterygoid plates	T4b	T4b	D	D
750	Base of skull Bone of skull Bone, NOS (excluding bones in codes 700, 720)	T4b	T4b	D	D
760	<b>OBSOLETE DATA CONVERTED V0200</b> See code 750 Bone	ERROR	ERROR	ERROR	ERROR
770	Carotid artery (encased)	T4b	T4b	D	D
800	Further contiguous extension: Anterior 2/3 of tongue Parotid gland	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 not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For CS Extension codes 150-520 ONLY, the T category for AJCC 7staging is assigned based on

the value of CS Tumor Size as shown in the Extension Size AJCC 7 Table for this schema.

\* For CS Extension codes 100-550 ONLY, the T category for AJCC 6 staging is assigned based on the value of CS Tumor Size as shown in the Extension Size AJCC 6 Table for this schema.

## Oropharynx

### CS Tumor Size/Ext Eval

See Standard Table

## Oropharynx

### 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 Rules, Section 2.

**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 CS 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 IV nodes have been moved from code 100 in CS Version 1 to code 120. Mandibular nodes are included with Facial nodes.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Single positive ipsilateral regional node: Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Level III - Middle jugular: Middle deep cervical Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Regional lymph node, NOS	^	*	RN	RN
110	Single positive ipsilateral regional node: Level I: Level IA - Submental Level IB - Submandibular (submaxillary), sublingual	^	*	D	RN
120	Single positive ipsilateral regional node: Level IV - Lower jugular: Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Level V - Posterior triangle group: Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular (see Note 4) Level VI - Anterior compartment group: Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Pretracheal - above suprasternal notch Recurrent laryngeal Level VII - Superior mediastinal group (for other mediastinal nodes see CS Mets at DX): Esophageal groove Paratracheal - below suprasternal notch Pretracheal - below suprasternal notch Other groups:	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Facial: Buccinator (buccal) Mandibular Nasolabial Parotid: Infraauricular Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular (mastoid) Suboccipital	^	*	D	D
180	Stated as N1 with no other information on regional lymph nodes	^	*	RN	RN
190	Stated as N2a with no other information on regional lymph nodes	^	*	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 with no other information on regional lymph nodes	^	*	RN	RN
300	Positive ipsilateral nodes listed in code 100, not stated if single or multiple	^	*	RN	RN
310	Positive ipsilateral nodes listed in code 110, not stated if single or multiple	^	*	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
320	Positive ipsilateral nodes listed in code 120, not stated if single or multiple	^	*	D	D
400	Positive bilateral or contralateral nodes listed in code 100	^	*	RN	RN
410	Positive bilateral or contralateral nodes, any listed in code 110 WITH or WITHOUT nodes listed in code 100	^	*	D	RN
420	Positive bilateral or contralateral nodes, any listed in code 120 WITH or WITHOUT nodes listed in code 100 or 110	^	*	D	D
490	Stated as N2c with no other information on regional lymph nodes	^	*	RN	RN
500	Positive nodes listed in code 100, not stated if ipsilateral, or bilateral, or contralateral <b>AND</b> not stated if single or multiple	^	*	RN	RN
510	Positive nodes listed in code 110, not stated if ipsilateral, or bilateral, or contralateral <b>AND</b> not stated if single or multiple	^	*	D	RN
520	Positive nodes listed in code 120, not stated if ipsilateral, or bilateral, or contralateral <b>AND</b> not stated if single or multiple	^	*	D	D
600	Stated as N2 [NOS] with no other information on regional lymph nodes	^	*	RN	RN
700	Stated as N3 with no other information on regional lymph nodes	^	*	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN

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

^ For CS Lymph Nodes codes 100-700 ONLY, the N category for AJCC 7 staging is assigned based on the value of CS Site-Specific Factor 1, Size of Lymph Nodes, as shown in the Lymph Nodes Size Table for this schema.

\* For CS Lymph Nodes codes 100-700 ONLY, the N category for AJCC 6 staging is assigned based on the value of CS Site-Specific Factor 1, Size of Lymph Nodes, as shown in the Lymph Nodes Size Table for this schema.

### Oropharynx

#### CS Lymph Nodes Eval

See Standard Table

### Oropharynx

#### Regional Nodes Positive

See Standard Table

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

### Oropharynx

#### Regional Nodes Examined

See Standard Table

### Oropharynx

#### 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 distant metastasis	M0	M0	NONE	NONE
10	Distant lymph node(s): Mediastinal (excluding superior mediastinal nodes) Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastases except distant lymph	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
40 cont'd	node(s) Carcinomatosis	M1	M1	D	D
50	40+10 Distant metastasis plus distant lymph node(s)	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	M1	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

**Oropharynx****CS Mets Eval****See Standard Table**

**Note:** This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

**Oropharynx****CS Site-Specific Factor 1****Size of Lymph Nodes****Note: See page A-96**

**Note:** Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-979	001 - 979 millimeters (mm); (Exact size of lymph node to nearest mm)
980	980 mm or larger; (Includes cases converted from codes 981-989 during conversion to V0200)
981-987	<b>OBSOLETE DATA CONVERTED V0200</b> See code 980 981 - 987 mms

Code	Description
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error)
989	<b>OBSOLETE DATA CONVERTED V0200</b> See code 980 989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1centimeter (cm)"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph nodes involved Not documented in patient record