

Nasopharynx (excluding Malignant Melanoma)**C11.0-C11.3, C11.8-C11.9**

C11.0 Superior wall of nasopharynx

C11.1 Posterior wall of nasopharynx (excluding pharyngeal tonsil)

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**

Note 1: Parapharyngeal involvement denotes postero-lateral infiltration of tumor beyond the pharyngobasilar fascia. The pharyngobasilar fascia is the fibrous layer of the pharyngeal wall between the mucosa and the muscular layer, attached superiorly to the basilar part of the occipital bone and diminishing in thickness as it descends.

Note 2: The masticator space primarily consists of the muscles of mastication, the medial and lateral pterygoid, masseter, and temporalis muscles. The space also includes the ramus of the mandible and the third division of cranial nerve V as it passes through the foramen ovale into the suprahyoid neck.

Note 3: Use code 300 for localized tumor ONLY if no information is available to assign codes 105 or 205.

Note 4: Use code 510, 585, 645, or 810 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, intraepithelial, noninvasive	Tis	Tis	IS	IS
100	OBSOLETE DATA RETAINED V0200 Invasive tumor confined to one of the following subsites: Inferior wall (superior surface of soft palate) One lateral wall Posterior superior wall (vault)	ERROR	T1	L	L
105	Invasive tumor confined to one of the following subsites: Inferior wall (superior surface of soft palate)	T1	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
105 cont'd	One lateral wall Posterior superior wall (vault)	T1	T1	L	L
200	OBSOLETE DATA RETAINED V0200 Involvement of two or more subsites: Lateral wall extending into eustachian tube/middle ear Posterior, inferior, or lateral wall(s)	ERROR	T1	L	L
205	Involvement of two or more subsites: Lateral wall extending into eustachian tube/middle ear Posterior, inferior, or lateral wall(s)	T1	T1	L	L
300	OBSOLETE DATA RETAINED V0200 Confined to nasopharynx Localized, NOS	ERROR	T1	L	L
305	Confined to nasopharynx Localized, NOS	T1	T1	L	L
400	Oropharynx Soft palate, inferior surface including uvula WITHOUT parapharyngeal extension	T1	T2a	RE	RE
500	Nasal cavity WITHOUT parapharyngeal extension	T1	T2a	RE	RE
505	Extension to soft tissue, NOS (excluding soft tissue of neck)	T1	T2NOS	RE	RE
510	Stated as T1 with no other information on extension	T1	T1	L	L
520	OBSOLETE DATA CONVERTED V0203; See code 505 Extends to soft tissue NOS	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
550	OBSOLETE DATA RETAINED V0200 Any extension coded in 100-500 WITH fixation or tumor Described only as FIXED	ERROR	T4	RE	RE
555	Any extension coded in 100, 200, 400, 500, or 520 WITH fixation or tumor described only as FIXED	T2	T2b	RE	RE
560	OBSOLETE DATA RETAINED V0200 Any extension coded in 100-500 WITH parapharyngeal extension	ERROR	T2b	RE	RE
565	Any extension coded in in 105, 205, 350, 400, or 500 WITH parapharyngeal extension	T2	T2b	RE	RE
570	OBSOLETE DATA CONVERTED V0200; See code 610 Hard palate	ERROR	ERROR	ERROR	ERROR
580	OBSOLETE DATA RETAINED V0200; Pterygopalatine fossa	ERROR	T2b	RE	RE
585	Pterygopalatine fossa WITHOUT bone invasion	T2	T2b	RE	RE
590	Stated as T2 with no other information on extension	T2	T2b	RE	RE
600	OBSOLETE DATA RETAINED V0200 Bone, including skull	ERROR	T3	RE	RE
605	Bony structures of skull base Floor of orbit Cartilage, NOS Bone, NOS	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
610	Hard Palate	T3	T3	D	RE
620	Paranasal sinus	T3	T3	D	RE
645	Stated as T3 with no other information on extension	T3	T3	RE	RE
650	OBSOLETE DATA REVIEWED AND CHANGED V0200; In CSV1, extension to the orbit was included in both codes 650 and 700. In addition, the instructions for coding invasion of orbital bone were not clear. Codes 650 and 700 should be reviewed for orbital involvement. Involvement of bone of floor of orbit should be coded 605, and other orbit involvement should be coded 710. Orbit	ERROR	ERROR	ERROR	ERROR
700	OBSOLETE DATA REVIEWED AND CHANGED V0200 See note in code 650 Brain Cranial nerves Hypopharynx Infratemporal fossa Orbit Intracranial extension, NOS	ERROR	ERROR	ERROR	ERROR
710	Brain; (see code 605) Cranial nerve involvement Intracranial extension, NOS Hypopharynx Infratemporal fossa/masticator space Orbit except bone of floor of orbit	T4	T4	D	D
750	OBSOLETE DATA CONVERTED V0200; See code 710; Masticator space	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800	Further contiguous extension including: Soft tissues of neck	T4	T4	D	D
810	Stated as T4 with no other information on extension	T4	T4	RE	D
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

Nasopharynx**CS Tumor Size/Ext Eval**

See Standard Table

Nasopharynx**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 nasopharynx, unilateral and bilateral retropharyngeal nodes are mapped to N1, and nodes in the supraclavicular fossa are mapped to N3b. The supraclavicular fossa is defined by 3 points: the superior margin of the sterna end of the clavicle, the superior margin of the lateral end of the clavicle, and the point where the neck meets the shoulder.

Note 3: 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 4: If laterality of lymph nodes is not specified, assume nodes are unilateral. Midline nodes are considered unilateral.

Note 5: 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 6: 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 7: Most codes from CS Version 1 have been made obsolete and new codes added, to support AJCC assignment of N values for nasopharynx, which differs from the pattern for other head and neck sites. Retropharyngeal nodes have been moved from code 120 in CS Version 1 to code 050. Spinal accessory nodes have been moved from code 750 to code 110. Lower deep cervical and

transverse cervical nodes have been moved from code 750 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
050	Unilateral positive regional node(s): Retropharyngeal	^	*	RN	RN
060	Bilateral positive nodes; Retropharyngeal	^	*	RN	RN
070	Positive nodes, not stated if unilateral or bilateral Retropharyngeal	^	*	RN	RN
100	OBSOLETE DATA RETAINED V0200 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	ERROR	**	RN	RN
105	Unilateral positive regional node(s): Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Cervical, NOS Deep cervical, NOS Internal jugular, NOS	^	*	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
105 cont'd	Regional lymph node, NOS	^	*	RN	RN
110	OBSOLETE DATA RETAINED V0200 Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental	ERROR	**	D	RN
115	Unilateral positive regional node(s): Level I: Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Level VA - Spinal accessory	^	*	D	RN
120	OBSOLETE DATA RETAINED V0200 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	ERROR	**	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Retropharyngeal Sub-occipital Supraclavicular fossa	ERROR	**	D	D
130	Unilateral positive regional node(s): Level III - Middle jugular: Middle deep cervical Level IV - Lower jugular Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Level VI - Anterior compartment group: Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Prelaryngeal Pretracheal - above suprasternal notch Recurrent laryngeal Other groups: 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
200	OBSOLETE DATA RETAINED	ERROR	**	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200 cont'd	V0200 Multiple positive ipsilateral nodes listed in code 100	ERROR	**	RN	RN
210	OBSOLETE DATA RETAINED V0200 ; Multiple positive ipsilateral nodes listed in code 110	ERROR	**	D	RN
220	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes listed in code 120	ERROR	**	D	D
300	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive ipsilateral node(s), not stated if single or multiple	ERROR	**	RN	RN
310	OBSOLETE DATA RETAINED V0200 Regional lymph nodes listed in code 110: Positive ipsilateral node(s), not stated if single or multiple	ERROR	**	D	RN
320	OBSOLETE DATA RETAINED V0200 Regional lymph nodes listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	ERROR	**	D	D
400	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive bilateral or contralateral nodes	ERROR	**	RN	RN
405	Positive bilateral nodes listed in code 105	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
410	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 110: Positive bilateral or contralateral nodes	ERROR	**	D	RN
415	Positive bilateral nodes, any listed in code 115 WITH or WITHOUT nodes listed in code 105	^	*	D	RN
420	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive bilateral or contralateral nodes	ERROR	**	D	D
430	Positive bilateral nodes, any listed in code 130 WITH or WITHOUT nodes listed in code 105 or 115	^	*	D	D
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	**	RN	RN
505	Positive nodes listed in code 105, not stated if unilateral, or bilateral	^	*	RN	RN
510	OBSOLETE DATA RETAINED V0200 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	ERROR	**	D	RN
515	Positive nodes listed in code 115, not stated if unilateral, or bilateral	^	*	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520	OBSOLETE DATA RETAINED V0200 ; 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	ERROR	**	D	D
530	Positive nodes listed in code 130, not stated if unilateral or bilateral	^	*	D	D
600	Stated as N2 with no other information on regional lymph nodes	^	*	RN	RN
620	Stated as N3a with no other information on regional lymph nodes	^	*	RN	RN
650	Unilateral or bilateral positive regional node(s): Level IV - Lower jugular: Lower deep cervical Virchow node Level VB - Transverse cervical, supraclavicular (see Note 4) Level VII - Superior mediastinal group (for other mediastinal nodes see CS Mets at DX): Esophageal groove Paratracheal - below suprasternal notch Pretracheal - below suprasternal notch Stated as N3b with no other information on regional lymph nodes	N3b	N3b	D	D
700	Stated as N3 [NOS] with no other information on regional lymph nodes	N3NOS	N3NOS	RN	RN
750	OBSOLETE DATA RETAINED V0200 Regional lymph nodes in the supraclavicular fossa:	ERROR	N3b	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
750 cont'd	Inferior deep cervical (scalene) Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) (See Note 4)	ERROR	N3b	D	D
800	Lymph nodes, NOS, no other information	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes codes 050-070, 105, 115, 130, 180, 405, 415, 430, 505, 515, and 530-620 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 CSv2 Table for this schema.

* For CS Lymph Nodes codes 050-070, 105, 115, 130, 180, 405, 415, 430, 505, 515, and 530-620 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 CSv2 Table for this schema.

**For OBSOLETE CS Lymph Nodes codes 100, 110, 120, 200, 210, 220, 300, 310, 320, 400, 410, 420, 500, 510, and 520 ONLY, the N category for AJCC 6 staging for cases collected in CSv1 is assigned based on the value of CS Site-Specific Factor 1, Size of Lymph Nodes, as shown in the Lymph Nodes Size AJCC 6 CSv1 Table for this schema.

Nasopharynx
CS Lymph Nodes Eval
See Standard Table

Nasopharynx
Regional Nodes Positive
See Standard Table

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

Nasopharynx
Regional Nodes Examined
See Standard Table

Nasopharynx
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 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

Nasopharynx**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.

Nasopharynx**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)

Code	Description
980	980 mm or larger; (Includes cases converted from codes 981-989 during conversion to V0200)
981-987	OBSOLETE DATA CONVERTED V0200; See code 980; 981 - 987 mms
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	OBSOLETE DATA CONVERTED V0200; 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

Nasopharynx**CS Site-Specific Factor 25****Schema Discriminator: Nasopharynx/PharyngealTonsil****Note: See page A-97****Note:** For cases coded to primary site code C11.1 (Posterior wall of nasopharynx), code the specific site in which the tumor arose.

Code	Description	Schema
010	Posterior wall of nasopharynx Posterior wall of nasopharynx, NOS	Nasopharynx
020	Adenoid Pharyngeal tonsil Nasopharyngeal tonsil	PharyngealTonsi 1
100	OBSOLETE DATA RETAINED V0200 C11.1 - originally coded in CSv1 and case diagnosed before 1/1/2010	Nasopharynx
981	Nasopharynx cases coded to C11.0, C11.2, C11.3, C11.8, C11.9 Note: May include cases which were converted to this code from a blank	Nasopharynx