

**Pancreas Head****Head of Pancreas****C25.0****C25.0 Head of pancreas**

**Note:** For tumors of the islet cells, determine which subsite of the pancreas is involved and use that primary site code and the corresponding Collaborative Stage schema. If the subsite cannot be determined, use the general code for Islets of Langerhans, C25.4, and use the Collaborative Stage schema for Pancreas, Other and Unspecified.

**Pancreas Head****CS Tumor Size**

**Note:** The assignment of T1 and T2 categories for tumors of the pancreas 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 993 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

<b>Code</b>	<b>Description</b>
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" Stated as T2 with no other information on size
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

**Pancreas Head****CS Extension**

**Note 1:** Tumors of the head of the pancreas arise to the right of the superior mesenteric-portal vein confluence.

**Note 2:** Islets of Langerhans are distributed throughout the pancreas; an islet tumor is coded to the subsite of the pancreas in which the tumor arises if the information is available.

**Note 3:** The assignment of T1 and T2 categories for tumors of the pancreas 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 150 and 200 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive Pancreatic Intraepithelial Neoplasia III (PanInIII)	Tis	Tis	IS	IS
100	Confined to pancreas	^	*	L	L
150	Stated as T1 with no other information on extension	^	*	L	L
200	Stated as T2 with no other information on extension	^	*	L	L
300	Localized, NOS	^	*	L	L
400	Extension to peripancreatic tissue, NOS Fixation to adjacent structures, NOS	T3	T3	RE	RE
420	<b>OBSOLETE DATA CONVERTED</b> <b>V0203</b> ; See code 595 Stated as T3, NOS	ERROR	ERROR	ERROR	ERROR
440	Ampulla of Vater Duodenum Extrahepatic bile duct(s)	T3	T3	RE	RE
500	Adjacent stomach; Stomach, NOS	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
540	Blood vessel(s) (major): Gastroduodenal artery Hepatic artery Pancreaticoduodenal artery Portal vein Superior mesenteric vein Transverse colon, including hepatic flexure	T3	T3	RE	RE
550	Mesenteric fat Mesentery Mesocolon Peritoneum	T3	T3	RE	D
570	Gallbladder	T3	T3	RE	D
575	Omentum	T3	T3	RE	D
580	Body of stomach	T3	T3	D	RE
590	580 + (550 and/or 570) Body of stomach plus any structures in 550 and/or 570	T3	T3	D	D
593	580 + 575 Body of stomach plus omentum	T3	T3	RE	D
595	Stated as T3 with no other information on extension	T3	T3	RE	RE
600	Tumor is inseparable from the superior mesenteric artery Superior mesenteric artery	T4 T4	T4 T4	RE RE	RE RE
610	<b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> See codes 575, 593, 640 Omentum	T4	T4	RE	D
630	Liver (including porta hepatis)	T4	T4	RE	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
640	600 + 575 Superior mesenteric artery plus omentum	T4	T4	RE	D
650	600 + (550 and/or 570) Superior mesenteric artery plus any structure in code 550 and/or 570	T4	T4	RE	D
660	600 + 580 Superior mesenteric artery plus body of stomach	T4	T4	D	RE
670	(550, 570, 610, and/or 630) + 600 + 580 Any structure in codes 550, 570, 610, and/or 630 plus superior mesenteric artery plus body of stomach <b>OR</b> (550, 570, 610, and/or 630) + 580 Any structure in codes 550, 570, 670, and/or 630 plus body of stomach	T4	T4	D	D
680	Tumor is inseparable from the celiac axis Aorta Celiac artery	T4	T4	D	D
690	Colon (other than transverse colon including hepatic flexure) Spleen	T4	T4	D	D
780	Adrenal (suprarenal) gland Ileum Jejunum Kidney Retroperitoneum Ureter	T4	T4	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
790	<b>OBSOLETE DATA CONVERTED V0203</b> ; See code 810 Stated as T4, NOS	ERROR	ERROR	ERROR	ERROR
800	Further contiguous extension	T4	T4	D	D
810	Stated as T4 with no other information on extension	T4	T4	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 100, 150, 200, and 300 ONLY, the T category for AJCC 7 staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this schema.

\* For CS Extension codes 100, 150, 200, and 300 ONLY, the T category for AJCC 6 staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this schema.

### Pancreas Head

#### CS Tumor Size/Ext Eval

See Standard Table

### Pancreas Head

#### CS Lymph Nodes

**Note 1:** Code only regional nodes and nodes, NOS in this field. Distant nodes are coded in CS Mets at DX.

**Note 2:** Celiac axis and splenic nodes are classified as distant nodes for AJCC 7 staging and are coded in CS Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	*	NONE	NONE
100	<b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> See codes 000 and 110 and CS Mets at	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	DX codes 05, 07, 20, and 45 Regional lymph nodes: Celiac Gastroepiploic (gastro-omental), left Hepatic Infrapyloric (subpyloric) Lateral aortic (lumbar) Peripancreatic, NOS: Anterior, NOS: Anterior pancreaticoduodenal Anterior proximal mesenteric Pyloric Inferior to the head and body of pancreas Posterior, NOS: Pericholedochal (common bile duct) Posterior pancreaticoduodenal Posterior proximal mesentery Superior to the head and body of pancreas Retroperitoneal Superior mesenteric Regional lymph node(s), NOS	N1	N1	RN	RN
110	Regional lymph nodes: Hepatic Lateral aortic (lumbar) Peripancreatic, NOS: Anterior, NOS: Anterior pancreaticoduodenal Anterior proximal mesenteric Pyloric Inferior to the head and body of pancreas Posterior, NOS: Pericholedochal (common bile duct) Posterior pancreaticoduodenal Posterior proximal mesentery Superior to the head and body of pancreas Pyloric:	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110 cont'd	Infrapyloric Retropyloric Suprapyloric Subpyloric Retroperitoneal Superior mesenteric Regional lymph node(s), NOS	N1	N1	RN	RN
200	<b>OBSELETE DATA RETAINED AND REVIEWED V0203</b> See codes 000 and 110 and CS Mets at DX codes 07, 20, 45 Pancreaticosplenic (pancreaticolienal) Splenic (lienal), NOS Superior hilum Suprapancreatic	N1	N1	D	D
250	Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	*	U	U

\*For CS Lymph Nodes codes 000 and 999, the N category for AJCC 6 staging is based on the value of CS Mets at DX as shown in the CS Lymph Nodes Mets at DX AJCC 6 Table for this schema.

## Pancreas Head

### CS Lymph Nodes Eval

**Note 1:** This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the diagnostic methods employed and their intent.

**Note 2:** In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.

A. Microscopic assessment including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging.

When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).

B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).

**Note 3:** Microscopic assessment of the highest N category is always pathologic (code 3).

**Note 4:** If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.

**Note 5:** Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

Code	Description	Staging Basis
0	<b>Does not meet criteria for AJCC pathologic staging:</b> No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	<b>Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria:</b> No regional lymph nodes removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation, without biopsy. No autopsy evidence used. <b>OR</b> Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup, <b>WITHOUT</b> removal of the primary site adequate for pathologic T classification (treatment).	c
2	<b>Meets criteria for AJCC pathologic staging:</b> No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	<b>Meets criteria for AJCC pathologic staging based on at least one of the following criteria:</b> Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), <b>WITH</b> removal of the primary site adequate for pathologic T classification (treatment) or biopsy assessment of the highest T category. <b>OR</b> Any microscopic assessment of a regional node in the highest N category, regardless of the T category information.	p
5	<b>Does not meet criteria for AJCC y-pathologic (yp) staging:</b> Regional lymph nodes removed for examination <b>AFTER</b> neoadjuvant therapy <b>AND</b> lymph node evaluation based on clinical evidence, unless the pathologic evidence at surgery ( <b>AFTER</b> neoadjuvant) is more	c

Code	Description	Staging Basis
5 cont'd	extensive (see code 6).	c
6	<b>Meets criteria for AJCC y-pathologic (yp) staging:</b> Regional lymph nodes removed for examination <b>AFTER</b> neoadjuvant therapy <b>AND</b> lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp
8	<b>Meets criteria for AJCC autopsy (a) staging:</b> Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

**Pancreas Head****Regional Nodes Positive****See Standard Table**

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

**Pancreas Head****Regional Nodes Examined****See Standard Table****Pancreas Head****CS Mets at DX**

**Note 1:** The lesser sac of the peritoneum, or omental bursa, is the cavity in the abdomen formed by the lesser and greater omentum; the pancreas forms part of the posterior wall of the lesser sac.

**Note 2:** Celiac axis and splenic nodes are classified as distant for AJCC 7 staging. These nodes are now coded in CS Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
05	Distant lymph nodes: Celiac axis	M1	M0	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
07	Distant lymph nodes: Pancreaticosplenic (pancreaticolienal) Splenic (lineal), NOS Splenic hilum Splenic artery Gastroepiploic (gastro-omental), left Suprapancreatic	M1	M0	D	D
10	Distant lymph node(s) other than in codes 05, 07 Distant lymph nodes, NOS	M1	M1	D	D
20	10 + (05, 07)	M1	M1	D	D
40	Distant metastasis except distant lymph node(s) (Includes seeding of peritoneum, even if limited to the lesser sac region; positive peritoneal cytology) Carcinomatosis	M1	M1	D	D
45	40 + (05, 07) Distant metastasis plus distant lymph nodes in codes 05, 07	M1	M1	D	D
50	40 + 10 Distant metastasis plus distant lymph nodes in code 10	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	M0	MX	U	U

**Pancreas Head**  
**CS Mets Eval**  
**See Standard Table**