

**Sinus Maxillary****Maxillary Sinus (excluding Malignant Melanoma)****C31.0****C31.0 Maxillary sinus**

**Note:** Laterality must be coded for this site.

**Sinus Maxillary****CS Tumor Size**

See Standard Table

**Sinus Maxillary****CS Extension**

**Note 1:** Involvement of or extension to bone includes any type of tumor extension to the bone, such as erosion, invasion, extension, penetration, or destruction.

**Note 2:** Use code 300 for localized tumor only if no information is available to assign code 100.

**Note 3:** Code Base of skull, NOS only if no information available to code to more specific bony structures in skull.

**Note 4:** Use code 665, 685, 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, intraepithelial, noninvasive	Tis	Tis	IS	IS
100	Invasive tumor confined to mucosa of maxillary sinus (antrum) WITHOUT erosion or destruction of bone Stated as T1 with no other information on extension	T1	T1	L	L
300	Localized, NOS	T1	T1	L	L
400	Tumor causing bone erosion or destruction <b>EXCLUDING</b> extension to: Posterior wall of maxillary sinus (see code 600) Pterygoid plates (see code 680) <b>INCLUDING:</b> Palatine bone, hard palate Middle nasal meatus Nasal cavity (floor, lateral wall, septum, turbinates)	T2	T2	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	Stated as T2 with no other information on extension	T2	T2	RE	RE
600	Ethmoid sinus, anterior Floor or medial wall of orbit Floor or posterior wall of maxillary sinus Maxilla, NOS Subcutaneous tissues	T3	T3	RE	RE
650	<b>OBSELETE DATA CONVERTED V0200</b> ; See code 600 Bone of the posterior wall of maxillary sinus Invasion of maxilla, NOS	ERROR	ERROR	ERROR	ERROR
660	Ethmoid sinus, posterior Ethmoid sinus, NOS Pterygoid fossa	T3	T3	RE	RE
665	Stated as T3 with no other information on extension	T3	T3	RE	RE
675	Base of skull, NOS	T4a	T4a	RE	RE
680	Anterior orbital contents Skin of cheek Pterygoid plates Infratemporal fossa Cribriform plate Sphenoid sinus Frontal sinus	T4a	T4a	RE	RE
685	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
700	<b>OBSELETE DATA REVIEWED AND CHANGED V0203</b> Recode involved structures to code 675, 680, or 710 as appropriate	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700 cont'd	Base of skull Orbital contents including eye Pterygomaxillary or temporal fossa Soft palate	ERROR	ERROR	ERROR	ERROR
710	Pterygomaxillary fossa Temporal fossa Soft palate	T4b	T4b	RE	RE
750	Further contiguous extension including: Brain Clivus Cranial nerves (other than V2, maxillary division of trigeminal nerve) Dura Middle cranial fossa Nasopharynx Orbital apex	T4b	T4b	RE	RE
800	Further contiguous extension	T4b	T4b	D	D
810	Stated as T4b with no other information on extension	T4b	T4b	RE	RE
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

**Sinus Maxillary**  
**CS Tumor Size/Ext Eval**  
**See Standard Table**

**Sinus Maxillary****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:** Levels III and 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 I: Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Retropharyngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS	^	*	RN	RN
120	Single positive ipsilateral regional node: Level III - Middle jugular: Middle deep cervical Level IV - Lower jugular:	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120	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 node - Anterior compartment group: Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Prelaryngeal 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: Facial: Buccinator (buccal) Mandibular Nasolabial Parotid: Infraauricular Intraparotid Periparotid Preparotid Parapharyngeal Retroauricular (mastoid) Suboccipital	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
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
220	Multiple positive ipsilateral nodes, any listed in code 120 WITH or WITHOUT nodes listed in code 100	^	*	D	D
290	Stated as N2b with no other information on regional lymph nodes	^	*	RN	RN
300	Positive ipsilateral node(s) listed in code 100, not stated if single or multiple or regional	^	*	RN	RN
320	Positive ipsilateral node(s) listed in code 120, not stated if single or multiple	^	*	D	D
400	Positive bilateral or contralateral nodes listed in code 100	^	*	RN	RN
420	Positive bilateral or contralateral nodes, any listed in code 120 WITH or WITHOUT nodes listed in code 100	^	*	D	D
490	Stated as N2c with no other information on regional lymph nodes	^	*	RN	RN
500	Positive node(s) listed in code 100, not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	RN	RN
520	Positive node(s) listed in code 120, not stated if ipsilateral, or bilateral, or	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520 cont'd	contralateral, AND 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
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.

**Sinus Maxillary**  
**CS Lymph Nodes Eval**  
**See Standard Table**

**Sinus Maxillary**  
**Regional Nodes Positive**  
**See Standard Table**

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

**Sinus Maxillary**  
**Regional Nodes Examined**  
**See Standard Table**

**Sinus Maxillary**  
**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

**Sinus Maxillary****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.

**Sinus Maxillary****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

Code	Description
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
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