

**Lung****C34.0-C34.3, C34.8-C34.9****C34.0 Main bronchus****C34.1 Upper lobe, lung****C34.2 Middle lobe, lung****C34.3 Lower lobe, lung****C34.8 Overlapping lesion of lung****C34.9 Lung, NOS****Note:** Laterality must be coded for this site (except carina).**Lung****CS Tumor Size****Note 1:** Do not code size of hilar mass unless primary is stated to be in the hilum.

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 T1a 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 T1b or T1 [NOS] 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"
996	Malignant cells present in bronchopulmonary secretions, but no tumor seen radiographically or during bronchoscopy; "occult" carcinoma
997	Diffuse (entire lobe)
998	Diffuse (entire lung or NOS)

Code	Description
999	Unknown; size not stated; Size of tumor cannot be assessed; Not documented in patient record

## Lung

### CS Extension

**Note 1:** Direct extension to or other involvement of structures considered M1 in AJCC staging is coded in the data item CS Mets at DX. This includes: sternum; skeletal muscle; skin of chest; contralateral lung or mainstem bronchus; separate tumor nodule(s) in contralateral lung.

**Note 2:** Distance from Carina: Assume tumor is greater than or equal to 2 centimeters (cm) from carina if lobectomy, segmental resection, or wedge resection is done.

**Note 3:** Opposite Lung: If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.

**Note 4:** Bronchopneumonia: Bronchopneumonia is not the same thing as obstructive pneumonitis and should not be coded as such. Bronchopneumonia is an acute inflammation of the walls of the bronchioles, usually a result of spread of infection from the upper to the lower respiratory tract. Obstructive pneumonitis is a combination of atelectasis, bronchiectasis with mucous plugging, and parenchymal inflammation that develops distal to an obstructing endobronchial lesion.

**Note 5:** Pulmonary Artery/Vein: An involved pulmonary artery/vein in the mediastinum is coded to 700 (involvement of major blood vessel). However, if the involvement of the artery/vein appears to be only within lung tissue and not in the mediastinum, it is not coded to 700.

**Note 6:** Vocal cord paralysis (resulting from involvement of recurrent branch of the vagus nerve), superior vena cava (SVC) obstruction, or compression of the trachea or the esophagus may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use code 700 for these manifestations. However, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, SVC obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 200) in CS Lymph Nodes, unless there is a statement of involvement by direct extension from the primary tumor.

**Note 7:** Pleural effusion and pericardial effusion are coded in CS Mets at DX.

**Note 8:** In some cases, the determination of the T category for TNM 6 or 7 staging is based on this field, CS Mets at DX, and CS Site-Specific Factor 2.

**Note 9:** Code to the highest applicable code for CS Extension and then code the absence or presence of separate ipsilateral tumor nodules in CS Site-Specific Factor 1, Separate Tumor Nodules/Ipsilateral lung. Code separate tumor nodules in contralateral lung in CS Mets at Dx.

**Note 10:** Specific information about visceral pleura invasion is captured in codes 410-440 and CS Site-Specific Factor 2, Visceral Pleural Invasion (VPI)/Elastic Layer. Elastic layer involvement has prognostic significance for lung cancer.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	^	*	#	**
100	Tumor confined to one lung <b>WITHOUT</b> extension or conditions described in codes 200-800; <b>EXCLUDING</b> primary in main stem bronchus; <b>EXCLUDING</b> superficial tumor as described in code 110	^	*	L	**
110	Superficial tumor of any size with invasive component limited to bronchial wall, with or without proximal extension to the main stem bronchus	^	*	L	**
115	Stated as T1a with no other information on extension	^	*	L	**
120	Stated as T1b with no other information on extension	^	*	L	**
125	Stated as T1[NOS] with no other information on extension	^	*	L	**
200	Extension from other parts of lung to main stem bronchus, NOS; <b>EXCLUDING</b> superficial tumor as described in code 110 Tumor involving main stem bronchus greater than or equal to 2.0 cm from carina (primary in lung or main stem bronchus)	^	*	L	**
210	Tumor involving main stem bronchus, NOS; (Distance from carina not stated and no surgery as described in Note 2)	^	*	L	**
220	Direct tumor invasion into an adjacent ipsilateral lobe	^	*	L	**
230	Tumor confined to hilus	^	*	L	**
250	Tumor confined to carina	^	*	L	**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
300	Localized, NOS	^	*	L	**
400	Atelectasis/obstructive pneumonitis that extends to the hilar region but does not involve the entire lung <b>Or</b> atelectasis/obstructive pneumonitis, NOS	^	*	RE	**
410	Extension to but not into pleura, including invasion of elastic layer <b>BUT</b> not through the elastic layer.	^	*	RE	**
420	Invasion of pleura, including invasion through the elastic layer	^	*	RE	**
430	Invasion of pleura, NOS	^	*	RE	**
440	Pulmonary ligament	^	*	RE	**
450	<b>OBSOLETE DATA RETAINED V0200</b> Extension to: Pleura, visceral or NOS ( <b>WITHOUT</b> pleural effusion) Pulmonary ligament	ERROR	*	RE	**
455	Stated as T2a with no other information on extension	^	*	RE	**
460	Stated as T2b with no other information on extension	^	*	RE	**
465	Stated as T2 [NOS] with no other information on size or extension	^	*	RE	**
500	Tumor of/involving main stem bronchus less than 2.0 cm from carina	^	*	L	**
520	500 + 400	^	*	RE	**
530	<b>OBSOLETE DATA RETAINED V0200</b>	ERROR	*	RE	**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
530 cont'd	450 + 500	ERROR	*	RE	**
540	500 + any of (410-440)	^	*	RE	**
550	Atelectasis/obstructive pneumonitis involving entire lung	^	*	RE	**
560	Parietal pericardium or pericardium, NOS	^	*	RE	**
570	Stated as T3 with no other information on extension	^	*	RE	**
590	Invasion of phrenic nerve	^	*	RE	**
600	Direct extension to: Brachial plexus, inferior branches or NOS, from superior sulcus Chest (thoracic) wall Diaphragm Pancoast tumor (superior sulcus syndrome), NOS Parietal pleura Note: For separate lesion in chest wall or diaphragm, see CS Mets at DX.	^	*	D	**
610	Superior sulcus tumor <b>WITH</b> encasement of subclavian vessels <b>OR WITH</b> unequivocal involvement of superior branches of brachial plexus (C8 or above)	T4	*	D	**
650	<b>OBSOLETE DATA RETAINED V0200</b> Separate tumor nodules reclassified in AJCC 7th Edition, coded in CS SSF 1 Multiple masses/separate tumor nodule(s) in the SAME lobe "Satellite nodules" in SAME lobe	ERROR	*	L	**
700	Blood vessel(s), major ( <b>EXCEPT</b> aorta and inferior vena cava, see codes 740 and	T4	*	RE	**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700 cont'd	770); Azygos vein Pulmonary artery or vein Superior vena cava (SVC syndrome) Carina from lung/mainstem bronchus Compression of esophagus or trachea not specified as direct extension Esophagus Mediastinum, extrapulmonary or NOS Nerve(s): Cervical sympathetic (Horner syndrome) Recurrent laryngeal (vocal cord paralysis) Vagus Trachea	T4	*	RE	**
705	700 +610	T4	*	D	D
710	Heart Visceral pericardium	T4	*	D	D
720	<b>OBSOLETE DATA RETAINED V0200</b> Pleural effusion reclassified as distant metastasis in AJCC 7th Edition, see CS Mets at DX code 15 Malignant pleural effusion Pleural effusion, NOS	ERROR	*	D	D
730	Adjacent rib See also code 785	^	*	D	D
740	Aorta	T4	*	D	**
745	740 + 710	T4	*	D	D
748	740 + 730	T4	*	D	D
750	Vertebra(e) Neural foramina	T4	*	D	D
760	<b>OBSOLETE DATA RETAINED V0200</b>	ERROR	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
760 cont'd	Separate pleural tumor foci reclassified as distant metastasis in AJCC 7th Edition, see CS Mets at DX code 24 Pleural tumor foci separate from direct pleural invasion	ERROR	*	D	D
770	Inferior vena cava	T4	*	D	D
780	<b>OBSELETE DATA RETAINED V0200</b> 730 plus any of (610-720) or (740-770)	ERROR	*	D	D
785	730 + (700 or 710)	T4	*	D	D
790	<b>OBSELETE DATA RETAINED V0200</b> Pericardial effusion reclassified as distant metastasis, see CS Mets at DX code 20 Pericardial effusion, NOS; malignant pericardial effusion	ERROR	*	D	D
795	Stated as T4 with no other information on extension	T4	*	D	D
800	Further contiguous extension (Except to structures specified in CS Mets at DX codes 23 and 37)	T4	*	D	D
950	No evidence of primary tumor	^	*	#	**
980	Tumor proven by presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy; "occult" carcinoma	^	*	#	**
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	^	*	#	**

^ For CS Extension codes 000-440, 455-520, 540-600, 730, and 950-999, the T category for AJCC 7 staging is assigned based on the values of CS Tumor Size, CS Extension, and CS Site Specific Factor 1, as shown in the Size Extension AJCC 7 Table for this schema.

\* For CS Extension codes 000-999, the T category for AJCC 6 staging is assigned based on the

values of CS Tumor Size, CS Extension, CS Mets at Dx and CS Site Specific Factor #1 as shown in the Size Extension Mets AJCC 6 Table for this schema.

# For CS Extension codes 000, 950, 980 and 999, Summary Stage 77 is assigned based on the values of CS Extension and Site Specific Factor #1 as shown in the Summary Stage 77 Table for this schema.

\*\* For CS Extension codes 000-700, 740, 950-999, Summary Stage 2000 is assigned based on the values of CS Extension and Site Specific Factor #1 as shown in the Summary Stage 2000 Table for this schema.

## Lung

### CS Tumor Size/Ext Eval

Code	Description	Staging Basis 7	Staging Basis 6
0	<b>Does not meet criteria for AJCC pathologic staging:</b> Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No surgical resection done.	c	c
1	<b>Does not meet criteria for AJCC pathologic staging:</b> Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques, including surgical observation without biopsy. No surgical resection done.	c	p
2	<b>Meets criteria for AJCC pathologic staging:</b> Evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy). No surgical resection done.	p	p
3	<b>Either meets criteria for AJCC pathologic staging:</b> A. Surgical resection performed <b>WITHOUT</b> pre-surgical systemic treatment or radiation <b>OR</b> surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed <b>AND</b> Evaluation based on evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. B. No surgical resection done. Evaluation based on positive biopsy of highest T classification.	p	p
5	<b>Does not meet criteria for AJCC y-pathologic (yp) staging:</b> Surgical resection performed <b>AFTER</b> neoadjuvant therapy and tumor size/extension based on clinical evidence, unless the	c	c

Code	Description	Staging Basis 7	Staging Basis 6
5 cont'd	pathologic evidence at surgery ( <b>AFTER</b> neoadjuvant) is more extensive (see code 6).	c	c
6	<b>Meets criteria for AJCC y-pathologic (yp) staging:</b> Surgical resection performed <b>AFTER</b> neoadjuvant therapy <b>AND</b> tumor size/extension based on pathologic evidence, because pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp	yp
8	<b>Meets criteria for autopsy (a) staging:</b> Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c	c

## Lung

### CS Lymph Nodes

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in CS Mets at DX. For illustration of nodes stations, see Part I.

**Note 2:** If at mediastinoscopy/x-ray, the description is "mass", "adenopathy", or "enlargement" of any of the lymph nodes named as regional in codes 100 and 200, assume that at least regional lymph nodes are involved. If there is any mention of bilateral or contralateral mass, adenopathy or lymph node involvement, use code 600.

**Note 3:** The words "no evidence of spread" or "remaining examination negative" are sufficient information to consider regional lymph nodes negative in the absence of any statement about nodes.

**Note 4:** Vocal cord paralysis (resulting from involvement of the recurrent branch of the vagus nerve), superior vena cava (SVC) obstruction, or compression of the trachea or the esophagus, may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use CS Extension code 700 for these manifestations and not CS lymph nodes. However, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, SVC obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 200) in CS Lymph Nodes, unless there is a statement of involvement by direct extension from the primary tumor.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Regional lymph nodes, ipsilateral: Bronchial Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Intrapulmonary nodes, including involvement by direct extension: Interlobar Lobar Segmental Subsegmental Peri/parabronchial Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
200	Regional lymph nodes, ipsilateral: Aortic (above diaphragm), NOS: Peri/para-aortic, NOS: Ascending aorta (phrenic) Subaortic (aortico-pulmonary window) Carinal (tracheobronchial) (tracheal bifurcation) Mediastinal, NOS: Anterior Posterior (tracheoesophageal) Pericardial Peri/paraesophageal Peri/paratracheal, NOS: Azygos (lower peritracheal) Pre- and retrotracheal, NOS: Precarinal Pulmonary ligament Subcarinal Stated as N2 with no other information on regional lymph nodes	N2	N2	RN	RN
500	Regional lymph node(s), NOS	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600	Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Contralateral/bilateral mediastinal Scalene (inferior deep cervical), ipsilateral or contralateral Supraclavicular (transverse cervical), ipsilateral or contralateral Stated as N3 with no other information on regional lymph nodes	N3	N3	D	D
800	Lymph nodes, NOS	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

## Lung

### CS Lymph Nodes Eval

**Note:** This item reflects the validity of the classification of the item CS Lymph Nodes only according to diagnostic methods employed.

Code	Description	Staging Basis 7	Staging Basis 6
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	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	c	p

Code	Description	Staging Basis 7	Staging Basis 6
1 cont'd	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	p
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	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	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 extensive (see code 6).	c	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	yp
8	<b>Meets criteria for AJCC autopsy (a) staging:</b> Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a	a
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed	c	c

Code	Description	Staging Basis 7	Staging Basis 6
9 cont'd	Not documented in patient record	c	c

**Lung****Regional Nodes Positive****See Standard Table**

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

**Lung****Regional Nodes Examined****See Standard Table****Lung****CS Mets at DX**

**Note 1:** Most pleural and pericardial effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathologic examinations of pleural and/or pericardial fluid are negative for tumor, and the fluid is nonbloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the tumor should be classified as M0.

**Note 2:** For contralateral (different lung) pleural effusion, use code 16 instead of code 40. For bilateral (same and different lung) pleural effusion, use code 17 instead of code 40.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	^	*	NONE	NONE
10	<b>OBSELETE DATA CONVERTED V0200;</b> See code 30 Distant lymph node(s), including cervical nodes	ERROR	*	ERROR	ERROR
15	Malignant pleural effusion, ipsilateral or same lung	M1a	*	D	D
16	Malignant pleural effusion, contralateral or other lung	M1a	*	D	D
17	Malignant pleural effusion, ipsilateral and contralateral lungs (Bilateral pleural effusion)	M1a	*	D	D

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
18	Malignant pleural effusion, unknown if ipsilateral or contralateral lung	M1a	*	D	D
20	Malignant pericardial effusion	M1a	*	D	D
21	20 + (16 or 17) Malignant pericardial effusion plus contralateral or bilateral pleural effusion	M1a	*	D	D
23	Extension to: Contralateral lung Contralateral main stem bronchus Separate tumor nodule(s) in contralateral lung Pleural tumor foci or nodules on contralateral lung	M1a	*	D	D
24	Pleural tumor foci or nodules on the ipsilateral lung separate from direct invasion	M1a	*	D	D
25	23 + any of (15, 16, 17, 18, 20, 21, 24) Extension to contralateral lung plus pleural or pericardial effusion or separate pleural tumor foci	M1a	*	D	D
26	Stated as M1a with no other information on distant metastasis	M1a	*	D	D
30	Distant lymph node(s), including cervical nodes	M1b	*	D	D
32	30 + any of (15, 16, 17, 18, 20, 21) Distant lymph nodes plus pleural or pericardial effusion	M1b	*	D	D
33	30 + 24; Distant lymph nodes plus pleural tumor foci	M1b	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
35	<b>OBSOLETE DATA RETAINED V0200</b> ; Separate tumor nodules reclassified in AJCC 7th Edition, coded in CS SSF 1; Separate tumor nodule(s) in different lobe, same lung	ERROR	*	L	D
36	30 + 23 Distant lymph nodes plus extension to contralateral lung	M1b	*	D	D
37	Extension to: Skeletal muscle Sternum Skin of chest	M1b	*	D	D
38	37 + 23 Extension in code 37 plus extension in code 23	M1b	*	D	D
39	<b>OBSOLETE DATA CONVERTED V0200</b> ; See code 23 Extension to: Contralateral lung Contralateral main stem bronchus Separate tumor nodule(s) in contralateral lung	ERROR	*	ERROR	ERROR
40	Abdominal organs Distant metastasis, except distant lymph node(s) and extension specified in codes 23 and 37, including: Separate lesion in chest wall or diaphragm Distant metastasis, NOS Carcinomatosis	M1b	*	D	D
42	(37 or 40) + any of (15, 16, 17, 18, 20, 21); Distant metastasis plus pleural or pericardial effusion	M1b	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
43	(37 or 40) + 24; Distant metastasis plus pleural tumor foci	M1b	*	D	D
50	<b>OBSOLETE DATA RETAINED V0200</b> ; Distant metastases + Distant node(s) (10) + any of (35 to 40)	ERROR	*	D	D
51	(37 or 40) + 30 Distant metastasis plus distant lymph node(s)	M1b	*	D	D
52	51 + any of (15, 16, 17, 18, 20, 21) Distant metastasis plus distant lymph nodes plus pleural or pericardial effusion	M1b	*	D	D
53	51 + 24 Distant metastases plus distant lymph nodes plus pleural tumor foci	M1b	*	D	D
70	Stated as M1b with no other information on distant metastasis	M1b	*	D	D
75	Stated as M1 [NOS] with no other information on distant metastasis	M1NOS	*	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	^	*	U	U

^ For CS Mets at DX codes 00 and 99, the M category for AJCC 7 staging is assigned based on the value of CS Tumor Size as shown in the Size Mets at DX AJCC 7 Table for this schema.

\* For all CS Met at Dx codes, the M category for AJCC 6 staging is assigned based on the values of CS Tumor Size, CS Extension, CS Mets at DX, and CS Site Specific Factor 1, as shown in the Size Extension Mets SSF1 AJCC 6 Tables for this schema.

## Lung

### CS Mets Eval

See Standard Table

**Lung****CS Site-Specific Factor 1****Separate Tumor Nodules - Ipsilateral Lung****Note:** See page A-107

**Note 1:** Separate tumor nodules in the ipsilateral lung are coded separately from CS Extension. Separate tumor nodules in the contralateral lung are coded in CS Mets at DX.

**Note 2:** Separate tumor nodules can be defined clinically (by imaging) and/or pathologically.

**Note 3:** If separate tumor nodules are not mentioned in imaging and/or pathological reports, use code 000.

Code	Description
000	No separate tumor nodules noted
010	Separate tumor nodules in ipsilateral lung, same lobe
020	Separate tumor nodules in ipsilateral lung, different lobe
030	020 + 010 Separate tumor nodules, ipsilateral lung, same and different lobe
040	Separate tumor nodules, ipsilateral lung, unknown if same or different lobe
888	<b>OBSOLETE DATA CONVERTED V0200</b> See code 988 Not applicable for this site
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
999	Unknown if separate tumor nodules Separate tumor nodules cannot be assessed Not documented in patient record