

Malignant Melanoma of Upper Lip**Lip (Vermilion or Labial Mucosa)****C00.0, C00.3****(M-8720-8790)**

C00.0 External upper lip

C00.3 Mucosa of upper lip

Note: AJCC includes labial mucosa (C00.3) with buccal mucosa (C06.0)**Melanoma Lip Upper****CS Tumor Size****See Standard Table****Melanoma Lip Upper****CS Extension****Note 1:** AJCC does not include a Tis or TX category for melanoma of mucosa of head and neck sites. CS Extension codes of 000 and 999 are mapped to NA and AJCC stage group is derived as NA.**Note 2:** AJCC does not include a T1 or T2 category for mucosal melanoma of head and neck sites.**Note 3:** Use codes 400-450 for extension involving the mucosa only of adjacent sites. Use higher codes for extension involving the deeper tissues of the primary or adjacent sites.**Note 4:** Use code 300 for localized tumor only if no information is available to assign code 105, 470, or 520.**Note 5:** Use code 470, 775, 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	NA	NA	IS	IS
100	OBSOLETE DATA RETAINED V0200 Invasive tumor confined to: Labial mucosa (inner lip) Lamina propria Multiple foci Submucosa (superficial invasion) Vermilion surface Superficial extension to: Skin of lip Subcutaneous soft tissue of lip	ERROR	NA	L	L
105	Tumor confined to mucosa of upper lip: Labial mucosa (inner lip) Vermilion surface	T3	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200	OBSOLETE DATA CONVERTED V0200 See code 520 Musculature	ERROR	ERROR	ERROR	ERROR
300	Localized, NOS	T3	NA	L	L
400	Extension involving mucosa only: Inner cheek (buccal mucosa) Commissure Opposite lip (both lips)	T3	NA	RE	RE
410	Extension involving mucosa only: Upper gingiva Gingiva, NOS	T3	NA	RE	RE
440	Extension involving mucosa only: Lower gingiva	T3	NA	D	RE
450	Extension involving mucosa only: Floor of mouth Tongue	T3	NA	D	D
470	Stated as T3 with no other information on extension	T3	NA	L	L
500	OBSOLETE DATA RETAINED V0200 Buccal mucosa (inner cheek) Commissure Opposite (both) lip(s)	ERROR	NA	RE	RE
510	OBSOLETE DATA RETAINED V0200 Gingiva	ERROR	NA	RE	RE
520	Involvement of deep soft tissue or musculature of upper lip Soft tissue NOS	T4a	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
530	520 + (400 or 410); Involvement of deep soft tissue or musculature of upper lip plus mucosal involvement of any structure in code 400 or 410	T4a	NA	RE	RE
540	Involvement of deep soft tissue or musculature of any structure in code 400	T4a	NA	RE	RE
550	Involvement of deep tissue or periosteum of upper gingiva	T4a	NA	RE	RE
700	Cartilage of maxilla Cortical bone of maxilla Maxilla, NOS Cartilage NOS Cortical bone, NOS Bone, NOS except base of skull	T4a	NA	RE	RE
705	(520 - 700) + 440 Involvement of any structure in codes 520 - 700 plus mucosa of lower gingiva	T4a	NA	D	RE
710	Deep tissue or periosteum of lower gingiva	T4a	NA	D	RE
740	Skin of nose	T4a	NA	RE	D
743	740 + (440 or 710) Skin of nose plus mucosa or deep tissue lower gingiva	T4a	NA	D	D
745	(520 - 740) + 450 Involvement of any structure in codes 520 - 740 plus mucosa of floor of mouth or tongue	T4a	NA	D	D
748	Involvement of deep tissue or musculature of floor of mouth or tongue Inferior alveolar nerve	T4a	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
750	OBSOLETE DATA RETAINED V0200 Tongue	ERROR	NA	D	D
755	Extrinsic muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	NA	D	D
760	Skin of face/neck	T4a	NA	D	D
765	Cartilage of mandible Cortical bone of mandible Mandible, NOS	T4a	NA	D	D
770	OBSOLETE DATA RETAINED V0200 Cartilage of mandible Cortical bone of mandible Floor of mouth Inferior alveolar nerve	ERROR	NA	D	D
775	Stated as T4a with no other information on extension	T4a	NA	L	L
790	Contiguous extension: Base of skull Carotid artery (encased) Masticator space Pterygoid plates	T4b	NA	D	D
800	OBSOLETE DATA RETAINED V0200; Further contiguous extension	ERROR	NA	D	D
801	Further contiguous extension: Brain Dura Lower cranial nerves (IX, X, XI, XII) Mediastinal structures	T4b	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
801 cont'd	Prevertebral space	T4b	NA	D	D
810	Stated as T4b with no other information on extension	T4b	NA	D	D
815	Stated as T4 [NOS] with no other information on extension	T4NOS	NA	L	L
950	OBSELETE DATA RETAINED V0200 No evidence of primary tumor	ERROR	NA	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	NA	NA	U	U

Melanoma Lip Upper
CS Tumor Size/Ext Eval
 See Standard Table

Melanoma Lip Upper
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: 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 4: 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 5: Level I nodes have been moved from code 110 in CS Version 1 to code 105.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	NA	NONE	NONE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100	Positive regional node(s): Facial: Buccinator (buccal) Nasolabial Parotid: Infraauricular Intraparotid Periparotid Preauricular Regional lymph node(s), NOS	N1	NA	RN	RN
105	Positive regional node(s): Level I: Level 1A - Submental Level 1B - Submandibular (submaxillary), sublingual	N1	NA	RN	D
110	Positive regional node(s): Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Level III - Middle jugular: Middle deep cervical Level IV - Lower jugular: Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Cervical, NOS Deep cervical, NOS Internal jugular, NOS	N1	NA	D	RN
120	Positive regional node(s): Level V - Posterior triangle group: Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular (see Note 3) Level VI - Anterior compartment group:	N1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	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: Mandibular Parapharyngeal Retroauricular (mastoid) Retropharyngeal Suboccipital	N1	NA	D	D
180	Stated as N1 with no other information on regional lymph nodes	N1	NA	RN	RN
190	OBSOLETE DATA RETAINED V0200 Stated as N2a, no other information	ERROR	NA	RN	RN
200	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes listed in code 100	ERROR	NA	RN	RN
210	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes listed in code 110	ERROR	NA	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
220	OBSOLETE DATA RETAINED V0200 Multiple positive ipsilateral nodes listed in code 120	ERROR	NA	D	D
290	OBSOLETE DATA RETAINED V0200 Stated as N2b, no other information	ERROR	NA	RN	RN
300	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	RN	RN
310	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 110 Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	D	RN
320	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	D	D
400	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 100: Positive bilateral or contralateral nodes	ERROR	NA	RN	RN
410	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 110: Positive bilateral or contralateral nodes	ERROR	NA	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
420	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive bilateral or contralateral nodes	ERROR	NA	D	D
490	OBSOLETE DATA RETAINED V0200 Stated as N2c, no other information	ERROR	NA	RN	RN
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	NA	RN	RN
510	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 110 Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	ERROR	NA	D	RN
520	OBSOLETE DATA RETAINED V0200 Regional lymph nodes as listed in code 120: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	ERROR	NA	D	D
600	OBSOLETE DATA RETAINED V0200 Stated as N2, NOS	ERROR	NA	RN	RN
700	OBSOLETE DATA RETAINED V0200 Stated as N3, no other information	ERROR	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NA	U	U

**Melanoma Lip Upper
CS Lymph Nodes Eval
See Standard Table**

**Melanoma Lip Upper
Regional Nodes Positive
See Standard Table**

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

**Melanoma Lip Upper
Regional Nodes Examined
See Standard Table**

**Melanoma Lip Upper
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	NA	NONE	NONE
10	Distant lymph node(s): Mediastinal (excluding superior mediastinal nodes) Distant lymph node(s), NOS	M1	NA	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis	M1	NA	D	D
50	40 + 10 Distant metastasis plus distant node(s)	M1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	NA	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	NA	U	U

Melanoma Lip Upper**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.