

Kidney Renal Pelvis
Renal Pelvis and Ureter
C65.9, C66.9

C65.9 Renal pelvis

C66.9 Ureter

Note: Laterality must be coded for this site.

Kidney Renal Pelvis
CS Tumor Size
See Standard Table

Kidney Renal Pelvis
CS Extension

Note 1: In case of multifocal noninvasive Ta and Tis tumors, use code 060 in preference to code 050.

Note 2: Tumor involving both renal pelvis and ureter (unifocal or multifocal) is classified by the depth of greatest invasion in either organ for AJCC staging. Use codes 120 and 220 for extension of tumor involving the wall of both renal pelvis and ureter.

Note 3: Direct invasion of the bladder by a ureteral tumor is classified by the depth of greatest invasion of the bladder or ureter for AJCC staging.

Note 4: If CS Extension code is 050 or 060, Behavior ICD-O-3 must be coded as 2. If CS Extension code is 105 or greater, Behavior ICD-O-3 must be coded as 3.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 000 | OBSOLETE DATA CONVERTED V0203; See code 060 Carcinoma in situ, NOS Non-invasive, intraepithelial | ERROR | ERROR | ERROR | ERROR |
| 050 | Noninvasive papillary carcinoma | Ta | Ta | IS | IS |
| 060 | In situ, intraepithelial, noninvasive (flat, sessile) | Tis | Tis | IS | IS |
| 100 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 105, 120, 130 and 150 Subepithelial connective tissue (lamina propria, submucosa) invaded Stated as T1 with no other information on extension | T1 | T1 | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 105 | Subepithelial connective tissue (lamina propria, submucosa) of renal pelvis only Subepithelial connective tissue (lamina propria, submucosa) of ureter only | T1 | T1 | L | L |
| 120 | Renal pelvis and ureter (unifocal or multifocal): Subepithelial connective tissue Renal pelvis from ureter Ureter from renal pelvis Distal ureter from proximal ureter (See Note 2) | T1 | T1 | RE | RE |
| 130 | Extension to bladder from ureter: Subepithelial connective tissue of distal ureter and/or bladder (See Note 3) | T1 | T1 | RE | RE |
| 150 | Stated as T1 with no other information on extension | T1 | T1 | L | L |
| 200 | Muscularis of renal pelvis only Muscularis of ureter only | T2 | T2 | L | L |
| 220 | Renal pelvis and ureter (unifocal or multifocal): Muscularis Renal pelvis from ureter Ureter from renal pelvis Distal ureter from proximal ureter (See Note 2) | T2 | T2 | RE | RE |
| 230 | Extension to bladder from ureter: Muscularis of distal ureter and/or bladder (See Note 3) | T2 | T2 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 300 | Localized, NOS | T1 | T1 | L | L |
| 350 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 120 and 220 Extension to ureter from renal pelvis | T2 | T2 | RE | RE |
| 370 | Stated as T2 with no other information on extension | T2 | T2 | L | L |
| 400 | Extension to adjacent (connective) tissue: Peripelvic/periureteric tissue Retroperitoneal soft/connective tissue | T3 | T3 | RE | RE |
| 600 | For renal pelvis only: Ipsilateral kidney parenchyma and kidney, NOS | T3 | T3 | RE | RE |
| 610 | Stated as T3 with no other information on extension | T3 | T3 | RE | RE |
| 620 | OBSOLETE DATA REVIEWED AND CHANGED V0102 This code was made obsolete in CS Version 1 and should no longer be used Extension to ureter from renal pelvis NOTE: cases were to be recoded to 350, 400 or 600 | ERROR | ERROR | ERROR | ERROR |
| 630 | Psoas muscle from ureter | T4 | T4 | RE | RE |
| 650 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 120, 130, 220, and 230 Extension to bladder from ureter Implants in ureter | T4 | T4 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 660 | OBSOLETE DATA CONVERTED V0203 See code 665 for renal pelvis and code 685 for ureter Extension to major blood vessel(s): Aorta Renal artery/vein Vena cava (inferior) Tumor thrombus in a renal vein, NOS | ERROR | ERROR | ERROR | ERROR |
| 665 | For renal pelvis only: Extension to major blood vessel(s): Aorta Renal artery/vein Vena cava (inferior) Tumor thrombus in a renal vein, NOS | T4 | T4 | RE | RE |
| 670 | Ipsilateral adrenal (suprarenal) gland from renal pelvis | T4 | T4 | RE | RE |
| 680 | Duodenum from right renal pelvis or right ureter | T4 | T4 | RE | RE |
| 685 | For ureter only: Extension to major blood vessel(s): Aorta Renal artery/vein Vena cava (inferior) Tumor thrombus in a renal vein, NOS | T4 | T4 | D | RE |
| 690 | Ascending colon from right ureter Descending colon from left ureter | T4 | T4 | RE | D |
| 695 | 690 + 685 | T4 | T4 | D | D |
| 700 | Extension to: Ascending colon from right renal pelvis | T4 | T4 | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---|-----------|-----------|----------|------------|
| 700 cont'd | Bladder (wall or mucosa) from renal pelvis Colon, NOS Descending colon from left renal pelvis Ipsilateral kidney parenchyma from ureter Liver Pancreas Perinephric fat via kidney Spleen | T4 | T4 | D | D |
| 750 | OBSOLETE DATA CONVERTED V0200 ; See code 690 Ascending colon from right ureter Descending colon from left ureter | ERROR | ERROR | ERROR | ERROR |
| 800 | Further contiguous extension, including: For ureter: Prostate Uterus | 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 |

Kidney Renal Pelvis
CS Tumor Size/Ext Eval
See Standard Table

Kidney Renal Pelvis
CS Lymph Nodes

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

Note 2: Regional nodes include bilateral and contralateral involvement of named nodes.

Note 3: Determine the size of the largest metastasis in a lymph node as documented in the pathology report to assign codes 100-300, not the size of the lymph node. If the size of the metastasis is not documented, determine the size of the largest involved lymph node as documented pathologically or clinically with pathology taking priority. Do not code the size of any node(s) coded in CS Mets at DX.

Note 4: The assignment of the N category is based both on number and size of metastasis. Use codes as described here if the number and/or size of nodes involved is unknown:

Code 110: Single node involved, size not stated.

Code 210: Multiple nodes involved, size not stated.

Code 200: Single or multiple nodes not stated, size stated and greater than 2 cm but less than or equal to 5 cm.

Code 300: Single or multiple nodes not stated, size stated and greater than 5 cm.

Code 505: Single or multiple nodes not stated, size not stated.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 000 | No regional lymph node involvement | N0 | N0 | NONE | NONE |
| 100 | <p>SINGLE regional lymph node, less than or equal to 2 cm:</p> <p>Renal Pelvis:</p> <p>Aortic, NOS:</p> <p> Lateral (lumbar)</p> <p> Para-aortic</p> <p> Periaortic</p> <p>Paracaval</p> <p>Renal hilar</p> <p>Retroperitoneal, NOS</p> <p>Regional lymph node, NOS</p> <p>Ureter:</p> <p>Iliac, NOS:</p> <p> Common</p> <p> External</p> <p> Internal (hypogastric), NOS</p> <p> Obturator</p> <p>Lateral aortic (lumbar)</p> <p>Paracaval</p> <p>Pelvic, NOS</p> <p>Periureteral</p> <p>Renal hilar</p> <p>Retroperitoneal, NOS</p> <p>Regional lymph node, NOS</p> <p>Stated as N1 with no other information on regional lymph nodes</p> | N1 | N1 | RN | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 110 | SINGLE regional node listed in code 100, size not stated | N1 | N1 | RN | RN |
| 200 | SINGLE regional lymph node listed in code 100, greater than 2 cm but less than or equal to 5 cm OR MULTIPLE regional nodes listed in code 100, none greater than 5 cm Stated as N2 with no other information on regional lymph nodes | N2 | N2 | RN | RN |
| 210 | MULTIPLE regional nodes listed in code 100, size not stated | N2 | N2 | RN | RN |
| 300 | Regional lymph node(s) listed in code 100, at least one greater than 5 cm Stated as N3 with no other information on regional lymph nodes | N3 | N3 | RN | RN |
| 500 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 200, 210, 300, and 505 Regional lymph node(s), NOS (size and/or number not stated) | N1 | N1 | RN | RN |
| 505 | Regional lymph node(s), NOS: Size and/or number not stated (See Note 4 for exceptions) | 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 | NX | U | U |

Kidney Renal Pelvis
CS Lymph Nodes Eval
 See Standard Table

Kidney Renal Pelvis
Regional Nodes Positive
See Standard Table

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

Kidney Renal Pelvis
Regional Nodes Examined
See Standard Table

Kidney Renal Pelvis
CS Mets at DX

| 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) | M1 | M1 | D | D |
| 40 | Distant metastasis 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 |

Kidney Renal Pelvis
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.