

**Malignant Melanoma of Lower Gum and Retromolar Area****C03.1, C06.2****M-8720-8790**

C03.1 Lower gum

C06.2 Retromolar area

**Melanoma Gum Lower****CS Tumor Size****See Standard Table****Melanoma Gum Lower****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 and 440 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 510.

**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	<b>OBSOLETE DATA RETAINED V0200</b> Invasive tumor confined to lamina propria (mucoperiosteum) (stroma)	ERROR	NA	L	L
105	Tumor confined to mucosa of lower gum	T3	NA	L	L
300	Localized, NOS	T3	NA	L	L
400	Extension involving mucosa only: Buccal mucosa (inner cheek) Floor of mouth Lateral pharyngeal wall Lip, NOS (labial mucosa) Lower lip (labial mucosa) Soft palate including uvula	T3	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	Tongue mucosa Tonsillar pillars and fossae Tonsils	T3	NA	RE	RE
440	Extension involving mucosa only to upper lip (labial mucosa)	T3	NA	D	RE
470	Stated as T3 with no other information on extension	T3	NA	L	L
500	<b>OBSOLETE DATA RETAINED V0200</b> Buccal mucosa (inner cheek) Floor of mouth Labial mucosa (inner lip), lip Tongue	ERROR	NA	RE	RE
510	Involvement of deep tissue or periosteum of lower gum	T4a	NA	L	L
520	510 + 400 Involvement of deep tissue of lower gum plus mucosal involvement of any structure in code 400	T4a	NA	RE	RE
530	Involvement of deep soft tissue or musculature of any structure in code 400	T4a	NA	RE	RE
550	Facial muscle, NOS Subcutaneous soft tissue of face	T4a	NA	RE	RE
600	<b>OBSOLETE DATA RETAINED V0200</b> Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)	ERROR	NA	RE	RE
650	<b>OBSOLETE DATA RETAINED V0200</b> Soft palate including uvula	ERROR	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700	Cartilage of mandible Cortical bone of mandible Mandible, NOS Cartilage, NOS Cortical bone, NOS Bone, NOS except base of skull, maxilla	T4a	NA	RE	RE
720	Extrinsic muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	NA	RE	RE
725	(510 -720) + 440 Involvement of any structure in codes 510-720 plus mucosal involvement of upper lip	T4a	NA	D	RE
730	Deep soft tissues or musculature of upper lip	T4a	NA	D	RE
760	Skin of face	T4a	NA	D	D
770	Cartilage of maxilla Cortical bone of maxilla Maxilla, NOS Maxillary sinus (antrum)	T4a	NA	D	D
775	Stated as T4a with no other information on extension	T4a	NA	L	L
790	<b>OBSOLETE DATA CONVERTED</b> <b>V0200</b> See Code 800 Skull	ERROR	ERROR	ERROR	ERROR
800	Contiguous extension : Base of skull Carotid artery (encased) Masticator space	T4b	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800 cont'd	Pterygoid plates	T4b	NA	D	D
801	Further contiguous extension including: Brain Dura Lower cranial nerves (IX, X, XI, XII) Mediastinal structures 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	<b>OBSOLETE DATA RETAINED V0200</b> 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 Gum Lower  
CS Tumor Size/Ext Eval  
See Standard Table**

**Melanoma Gum Lower  
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:** Facial nodes including mandibular nodes have been moved from code 100 in CS Version 1 to code 110.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	NA	NONE	NONE
100	Positive regional node(s): 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 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 Regional lymph node(s), NOS	N1	NA	RN	RN
110	Positive regional node(s): Facial: Buccinator (buccal) Mandibular Nasolabial	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: Parotid: Infraauricular Intraparotid Periparotid Preauricular Parapharyngeal Retroauricular (mastoid) Retropharyngeal Suboccipital	N1	NA	D	D
180	Stated as N1 with no other information on regional lymph node	N1	NA	RN	RN
190	<b>OBSOLETE DATA RETAINED V0200</b> Stated as N2a, no other information	ERROR	NA	RN	RN
200	<b>OBSOLETE DATA RETAINED V0200</b> Multiple positive ipsilateral nodes listed in code 100	ERROR	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
220	<b>OBSOLETE DATA RETAINED V0200</b> Multiple positive ipsilateral nodes, listed in code 120	ERROR	NA	D	D
290	<b>OBSOLETE DATA RETAINED V0200</b> Stated as N2b, no other information	ERROR	NA	RN	RN
300	<b>OBSOLETE DATA RETAINED V0200</b> Regional lymph nodes as listed in code 100: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	RN	RN
320	<b>OBSOLETE DATA RETAINED V0200</b> Regional lymph nodes as listed in code 120: Positive ipsilateral node(s), not stated if single or multiple	ERROR	NA	D	D
400	<b>OBSOLETE DATA RETAINED V0200</b> Regional lymph nodes as listed in code 100: Positive bilateral or contralateral nodes	ERROR	NA	RN	RN
420	<b>OBSOLETE DATA RETAINED V0200</b> Regional lymph nodes as listed in code 120: Positive bilateral or contralateral nodes	ERROR	NA	D	D
490	<b>OBSOLETE DATA RETAINED V0200</b> Stated as N2c, no other information	ERROR	NA	RN	RN
500	<b>OBSOLETE DATA RETAINED V0200</b>	ERROR	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500 cont'd	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
520	<b>OBSOLETE DATA RETAINED V0200</b> 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	<b>OBSOLETE DATA RETAINED V0200; Stated as N2, NOS</b>	ERROR	NA	RN	RN
700	<b>OBSOLETE DATA RETAINED V0200; Stated as N3, no other information</b>	ERROR	NA	RN	RN
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 Gum Lower  
CS Lymph Nodes Eval  
See Standard Table**

**Melanoma Gum Lower  
Regional Nodes Positive  
See Standard Table**

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

**Melanoma Gum Lower  
Regional Nodes Examined  
See Standard Table**

**Melanoma Gum Lower****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.

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
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 lymph node(s)	M1	NA	D	D
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 Gum Lower****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.