Summary
Staging
Guide
Cancer Surveillance
Epidemiology and
End Results Reporting
SEER Program
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NATIONAL INSTITUTES OF HEALTH
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SUMMARY STAGING GUIDE

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FOREWARD

For ease in coding, the SEER Program favors the expanded extent of disease schemes. They act as a guide to complete reporting, and they indicate the usual progression of disease patterns. Often, however, comparisons are necessary with historical or other series for which only general staging categories are available. Therefore, this staging guide was developed which summarizes the expanded extent of disease categories into three general staging groups (i.e., localized, regional, and distant). Sometimes a series is so small that only general categories produce enough cases for a meaningful analysis. Many conditions may be grouped together which may seem incongruous, but such groupings are unavoidable if the extent of disease codes are to be summarized into three or four staging categories. Stage categories are based on a combination of clinical observations and operative-pathological evaluations. The priority order is pathologic, operative, clinical.

In order to make the staging groups, insofar as we are able, consistent with categories developed by the American Joint Committee for Cancer Staging and End Results Reporting (AJC) and by the International Union Against Cancer (UICC) and to give consideration to the prognostic significance (survival probability) of various factors, a grouping subdividing the localized, regional, and distant categories was necessary. The subdivisions can always be summarized into the three familiar
stage categories—localized, regional, and distant, or other alternative groupings. For example, for colon and rectum "confined to the mucosa" is coded L. These cases can then be included with either the "in situ" or the "localized" stage of disease depending on the rules of the series with which the comparison is being made. For melanoma, localized cases are subdivided into four groups (L through L) in order to indicate Clark's levels of invasion. Sites considered to be distant involvement by direct extension are coded D as distinct from D or D which are reserved for metastatic involvement.
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SUMMARY STAGING GUIDE

Organization of Summary Staging Guide

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ORGANIZATION OF SUMMARY STAGING GUIDE

I. Summary staging definitions

IN SITU: Intraepithelial, noninvasive, noninfiltrating

LOCALIZED: Within organ
   a. Invasive cancer confined to the organ of origin
   b. Intraluminal extension where specified
      For example, intraluminal extension to immediately contiguous segments of the large bowel is coded L unless the invaded segment has an identifiably different pattern of lymph node drainage.

REGIONAL: Beyond the organ of origin
   a. By direct extension to adjacent organs/tissues
   b. To regional lymph nodes
   c. (a) and (b)

DISTANT: Direct extension or metastasis
   a. Direct continuity to organs other than above
   b. Discontinuous metastasis
   c. To distant lymph nodes
II. Site definitions

The international Classification of Diseases for Oncology (ICD-0) codes are included at the top of the page for each scheme, however, the first digit (1) has been dropped in compliance with the practice of the SEER program.

III. Summary staging guide

A. Site-Specific staging schemes (See pages 8 through 141)

B. Nonspecific staging scheme

- In situ
- Localized
- Regional, direct extension only
- Regional, nodes only
- Regional, direct extension and regional nodes
- Regional, NOS
- Non-localized, NOS
- Distant
- Unstaged

This nonspecific staging scheme applies to the following primary sites:

<table>
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<th>ICD-0 Number</th>
<th>PRIMARY_SITE_CODE</th>
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Pharynx, NOS

Waldeyer's ring, NOS

Neoplasms of lip, oral cavity and pharynx whose point of origin cannot be assigned to any one of the categories 40 through 48

Ill-defined sites in lip, oral cavity, and pharynx

Junctions of esophagus

Esophagus, NOS

Cardioesophageal junction (excluding cardia of stomach)

Meckel's diverticulum

Two or more categories of the small intestine

Small intestine, NOS

Appendix

Two or more categories of colon

Colon, NOS

Other parts of rectum

Two or more categories of gallbladder and extrahepatic bile ducts

Biliary tract, NOS

Pancreatic duct

Islets of Langerhans

Two or more categories of pancreas

Pancreas, NOS

Retroperitoneum

Specified parts of peritoneum

Peritoneum, NOS

Intestinal tract

Neoplasms of digestive organs and peritoneum whose points of origin cannot be assigned to any one of the categories 50- through 58-

Gastrointestinal tract, NOS

Nasal cavities, accessory sinuses, middle ear, inner ear
613 Laryngeal cartilage
618 Two or more categories of larynx
619 Larynx, NOS
620 Trachea
622 Carina (excluding main bronchus)
630 Parietal pleura
631 Visceral pleura
638 Two or more categories of pleura
639 Pleura, NOS
640-643, 648, 649 Thymus and mediastinum (excluding histology 959 thru 969)
650, 658, 659 Other and ill-defined sites within respiratory system and intrathoracic organs
690-691, 695 Blood, bone marrow (hematopoietic system)
692 Spleen (excluding histology 959 thru 969, 975)
693 Reticuloendothelial system, NOS
710, 712-719 Connective tissue and other soft tissue
738 Two or more categories of skin (melanotic and nonmelanotic)
739 Skin, NCS (melanotic and nonmelanotic)
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999 Unknown primary site
IV. Definition of Anatomic Sites Within The Oral Cavity
   According To The American Joint Committee on Cancer Staging

LIPS, upper and lower, form the upper and lower anterior wall of the oral cavity. They consist of an exposed surface of modified epidermis commonly referred to as the vermilion surface, which extends from commissure to commissure and the mucous membrane lining the inner surface of the lips.

COMMISSURE OF LIP is the point of union of upper and lower lips (corner of mouth).

POSTERIOR ONE-THIRD OF TONGUE (base of tongue) consists of the less mobile portion of the tongue which extends inferiorly from the line of circumvallate papillae to the base of the epiglottis, the pharyngoepiglottic and glossoepiglottic folds (which bound the vallecula).

ANTERIOR TWO-THIRDS OF TONGUE consists of the freely movable portion of the tongue which extends anteriorly from the line of circumvallate papillae to the root of the tongue at the junction of the floor of the mouth. It is composed of four areas: (1) Tip, (2) Lateral borders, (3) Dorsum, and (4) Undersurface (non-villous surface).

FLOOR OF MOUTH consists of a semilunar shaped space over the mylohyoid and hypoglossus muscles, extending from the inner surface of the lower alveolar ridge to the root of the tongue. Its posterior boundary is the base of the anterior pillar of the tonsil. It is divided into two sides by the frenulum of the tongue and contains the ostia of the submaxillary and lingual salivary glands.

LOWER GINGIVA includes the alveolar process of the mandible and its covering mucosa, which extends from the line of attachment of mucosa in the buccal gutter to the line of free mucosa of the floor of the mouth. Posteriorly it extends to the ascending ramus of the mandible (retromolar trigone).

UPPER GINGIVA is the covering mucosa of the upper alveolar ridge, extending from the line of attachment of mucosa in the upper gingival buccal gutter to the junction with the hard palate. Its posterior margin is the upper end of the pterygopalatine arch.

BUCCAL MUCOSA includes all the mucous membrane lining the inner surface of the cheek.

HARD PALATE consists of the semilunar area between the upper alveolar ridges and the mucous membrane covering the palatine process of maxillary palatine bones. It extends from the inner surface of the superior alveolar ridge to the posterior edge of the palatine bone.

SOFT PALATE consists of mucosa covering the oral cavity side of the palatine muscles and extends from the posterior edge of the hard palate to the free border of the soft palate and includes the uvula. Its superior lateral margin is the pterygomandibular raphe. The inferior lateral margin completes the faucial arch (glossopalatine arch) and includes the anterior surface of the anterior tonsillar pillar.
NASOPHARYNX

Posterior Superior Wall (vault) extends from the superior border of the choana to the level of the free border of the soft palate. The lateral limit is the groove between the lateral wall and the base of the skull.

Lateral Wall extends from the base of the skull on each side to the level of the free border of the soft palate. It includes Rosenmüller's fossae (pharyngeal recesses).

OROPHARYNX

Posterior Wall extends from the free borders of the soft palate to the tip of the epiglottis.

Lateral Wall includes the tonsillar pillars, tonsillar fossae, and tonsils.

Anterior Wall consists of the lingual (anterior) surface of the epiglottis, and the pharyngoepiglottic and glossoepiglottic folds which bound the vallecula.

HYPOPHARYNX

Pyriform Sinus extends from the pharyngoepiglottic fold to the upper edge of the esophagus, between the inner surface of the thyroid cartilage and the posterior lateral surface of the arytenoid and cricoid cartilages.

Post-Cricoid Area extends from the posterior surface of the arytenoid cartilages and their connecting folds to the inferior surface of the cricoid. The lateral margin is the anterior part of the pyriform sinus.

Posterior Pharyngeal Wall extends from the level of the tip of the epiglottis to the inferior margin of the cricoid cartilage, and laterally to the posterior margins of the pyriform sinus.
VERMILION SURFACE OF UPPER LIP

REGIONAL NODES
1. Facial
2. Parotid
3. Submental
4. Submaxillary

Vermilion surface

Maxilla

Mandible

Commissure

Lower lip

Subcutaneous tissue

Muscle

Labial mucosa

Skin

Gingiva
IN_SITU: noninvasive

LOCALIZED

Vermilion surface
Skin of lip
Labial mucosa (inner lip)
Musculature
Multiple foci

Localized, NCS

REGIONAL, Direct Extension

$R_1$ if:
Commissure(s) of lips
Lower lip

$R_2$ if:
Buccal mucosa (inner cheek)
Gingiva, upper

$R_3$ if:
Maxilla
Nose

REGIONAL, Lymph Nodes

Facial: buccinator
Parotid: infra-auricular, presauricular
Submental
Submandibular (submaxillary)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Internal jugular
Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
LOWER LIP

REGIONAL NODES
1. Facial
2. Submental
3. Submandibular

Subcutaneous tissue
Muscle
Labial mucosa
Skin
Lower gingiva

Vermilion surface
Mandible

Commissure
Upper lip
IN SITU: noninvasive

LOCALIZED

Version surface
Skin of lip
Labial mucosa (inner lip)
Musculature
Multiple foci

Localized, NOS

REGIONAL, Direct Extension

\[ R_1 \text{ if:} \]
Commissure(s) of lips
Upper lip

\[ R_2 \text{ if:} \]
Buccal mucosa (inner cheek)
Gingiva, lower

\[ R_3 \text{ if:} \]
Mandible

REGIONAL, Lymph Nodes

Facial: mandibular
Submental
Submandibular (submaxillary)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Internal Jugular
Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
COMMISSURE OF LIPS

REGIONAL NODES
1. Facial
2. Parotid
3. Submental
4. Submandibular
IN SITU; noninvasive

LOCALIZED

Vermilion surface
Skin of lip
Labial mucosa (inner lip)
Musculature

Localized, NOS

REGIONAL. Direct Extension

R₁ if:
Both lips

R₂ if:
Buccal mucosa (inner cheek)
Gingiva

R₃ if:
Maxilla
Mandible
Nose

REGIONAL. Lymph Nodes

Facial: mandibular
Parotid: infra-auricular, presuricular
Submental
Submandibular (submaxillary)

DISTANT. Direct Extension or Metastasis

DISTANT. Lymph Nodes

Internal Jugular
Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
BASE OF TONGUE

Epiglottis
Glossoepiglottic fold
Vallecula
Pharyngoepiglottic fold
Palatine tonsil
Tonsillar fossa
Glossopharyngeal sulcus
Tonsillar pillar

REGIONAL NODES
1. Submandibular
2. Upper cervical
3. Internal jugular

Upper gingiva
Sublingual
gland
Floor of Mouth
Lower gingiva

Soft palate
Uvula
Epiglottis
Mandible
Hypopharynx
**IN SITU:** noninvasive

**LOCALIZED**

L if:
1
Confined to posterior 1/3 of tongue on one side

L if:
2
Midline tumor; tumor has crossed midline

L if:
x
Localized, NOS

**REGIONAL, Direct Extension**

R if:
1
Anterior 2/3 of tongue
Gingiva, lower
Sublingual gland

R if:
2
Vallecula, including pharyngoepiglottic and glossoepiglottic folds
Epiglottis, lingual (pharyngeal) surface
Floor of mouth
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)

**REGIONAL, Lymph Nodes**

Submandibular (submaxillary)
Internal jugular: subdigastric
Upper cervical (including cervical, NOS)

**DISTANT, Direct Extension or Metastasis**

D if extension to:
1
Mandible
Larynx
Hypopharynx
Soft palate, including uvula

D if:
2
Other distant involvement

**DISTANT, Lymph Nodes**

Supraclavicular (transverse cervical)
Other distant nodes
ANTERIOR ⅔ OF TONGUE

REGIONAL NODES

1. Submandibular
2. Submental
3. Upper cervical
4. Internal jugular
5. Sublingual
IN_SITU: noninvasive

LOCALIZED
L if:
1
Confined to anterior 1/3 of tongue on one side
with or without invasion of musculature
L if:
2
Midline tumor; tumor has crossed midline
L if:
x
Localized, NOS

REGIONAL, Direct Extension
R if:
1
Floor of mouth
Base of tongue
Sublingual gland
R if:
2
Gingiva, lower
R if:
3
Mandible

REGIONAL, Lymph Nodes
Submandibular (submaxillary)
Submental
Internal jugular: subdigastric, supraomohyoid
Upper cervical (including cervical, NOS)
Sublingual

DISTANT, Direct Extension or Metastasis
D if extension to:
1
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)
Soft palate, including uvula
Maxilla
D if:
2
Other distant involvement

DISTANT, Lymph Nodes
Supraclavicular (transverse cervical)
Other distant nodes
IN SITU: noninvasive

LOCALIZED

Entirely within benign tumor capsule
Substance of parotid gland invaded
Multiple foci but confined to substance of parotid gland

Localized, NOS

REGIONAL, Direct Extension

R if:

1 Periglandular soft tissue
Nerve(s): facial, auricular, spinal accessory
Skeletal muscle(s): digastric, sternocleidomastoid, masseeer,
pterygoid, styloid

Peristomal of mandible
Pharyngeal mucosa
Submandibular (submaxillary) gland

R if:

2 Skin

R if:

3 Mandible
Major blood vessel(s): carotid artery, facial artery or vein,
maxillary artery, jugular vein

Mastoid process
External auditory meatus
Skull

REGIONAL, Lymph Nodes

Parotid: intra-parotid, infra-auricular, preauricular
Submandibular (submaxillary)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
SUBMANDIBULAR GLAND

MUSCLES
- Pterygoid
- Styloglossus
- Mylohyoid
- Digastric
- Hyoglossus

REGIONAL NODES
1. Submandibular
2. Submental
3. Cervical, NOS
4. Upper jugular
IN SITU; noninvasive

LOCALIZED

Entirely within benign tumor capsule
Substance of parotid gland invaded
Multiple foci but confined to substance of submandibular gland

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Periglandular soft tissue
Skeletal muscle(s): digastric, mylohyoid, stylohyoid, hyoglossus, styloglossus; pterygoid
Periosteum of mandible
Parotid gland
Sublingual gland

R if:
2
Nerve(s)
Major blood vessel(s): facial artery or vein, maxillary artery
Mandible

REGIONAL, Lymph Nodes

Submental
Submandibular (submaxillary)
Internal jugular (subdigastric)
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
UPPER GUM (GINGIVA)

Upper gingiva

Buccal mucosa

Hard palate
Soft palate
Uvula

Muscle
Submucosa
Gingival mucosa
Labial mucosa

Upper gingiva

SKULL

Floor of orbit
Maxillary antrum
Nasal cavity

REGIONAL NODES
1. Facial
2. Submandibular
3. Retropharyngeal
4. Internal jugular
5. Upper cervical
IN_SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa

L if invading:
2
Lamina propria (mucoperiosteum)

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Maxilla
Nasal cavity
Maxillary antrum (sinus)
Skull, including floor of orbit

D if extension to:

1
Skin
Nasal cavity
Maxillary antrum (sinus)
Skull, including floor of orbit

D if:
2
Other distant involvement

REGIONAL, Lymph Nodes

Facial: mandibular
Submandibular (submaxillary)
Retropharyngeal
Internal jugular
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Skin
Nasal cavity
Maxillary antrum (sinus)
Skull, including floor of orbit

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
LOWER GUM (GINGIVA)

Buccal mucosa
Sublingual gland
Mucosa
Floor of mouth
Lower gingiva
Labial mucosa

Palatine tonsil
Tonsillar fossa
Tonsillar pillar

REGIONAL NODES
1. Facial
2. Submandibular
3. Submental
4. Internal jugular
5. Upper cervical
LOWER GUM (GINGIVA) April, 1977
AND RETROMOLAR TRIGONE
431,456

**IN SITU:** noninvasive

**LOCALIZED**

L if:
1 Confined to mucosa

L if invading:
2 Lamina propria (mucoperiosteum)

L if:
\(x\)
Localized, NOS

**REGIONAL, Direct Extension**

R if:
1 Mandible; periosteum of mandible
Floor of mouth
Buccal mucosa (inner cheek)
Labial mucosa, lower lip
Tongue

R if:
2 Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)
Soft palate, including uvula
Soft tissue of face

**REGIONAL, Lymph Nodes**

Facial: mandibular
Submandibular (submaxillary)
Submental
Internal jugular: subdi gastric, supraomohyoid
Upper cervical (including cervical, NOS)

**DISTANT, Direct Extension or Metastasis**

D if extension to:
1 Skin
Skull

D if:
2 Other distant involvement

**DISTANT, Lymph Nodes**

Supraclavicular (transverse cervical)
Other distant nodes
FLOOR OF MOUTH

- Lower gingiva
- Mandible
- Alveolar ridge
- Mucosa
- Submucosa
- Sublingual gland
- Submandibular gland

Epiglottis
- Glossoepiglottic fold
- Vallecule
- Pharyngeoepiglottic fold
- Palatine tonsil
- Tonsillar fossa
- Glossoharyngeal sulcus
- Tonsillar pillar
- Soft Palate
- Hard Palate
- Uvula
- Glossopalatine arch
- Pharyngopalatine arch

REGIONAL NODES
1. Submental
2. Submandibular
3. Sublingual
4. Internal jugular
5. Cervical, NOS
IN_SITU; noninvasive

LOCALIZED

L if:
1
Confined to mucosa on one side

L if:
2
Confined to one side:
Submucosa invaded
Musculature invaded

L if:
3
Midline tumor; tumor has crossed midline

L if:

x
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Gingiva, lower
Anterior 2/3 of tongue
Submandibular (submaxillary) gland(s)
Sublingual gland
Periosteum of mandible

R if:
2
Mandible
Base of tongue
Vallecula, including pharyngoesphaglottic and glossoesphaglottic folds

R if:
3
Epiglottis, pharyngeal (lingual) surface
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossas, tonsils)
Underlying soft tissues

R if:
4
Skin
REGIONAL, Lymph Nodes

Submandibular (submaxillary)
Submental
Sublingual
Internal jugular: subdigastric, supraomohyoid
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
CHEEK (BUCCAL) MUCOSA

Vermillion surface
Upper gingiva
Labial mucosa
Hard palate
Soft palate
Uvula

Buccal mucosa

SKULL

Zygoma
Maxilla
Mandible

Tonsillar pillar

REGIONAL NODES
1. Facial
2. Parotid
3. Submandibular
4. Submental
5. Internal jugular
6. Upper cervical

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CHEEK (Buccal) MUCOSA  April, 1977
VESTIBULE OF MOUTH
450, 451

IN SITU: noninvasive

LOCALIZED

L if:
  1 Confined to mucosa
  Submucosa invaded

Localized, NOS

REGIONAL, Direct Extension

R if:
  1 Soft tissue of cheek (including muscle)
     Gingiva
     Lip(s)
     Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)

R if:
  2 Skin

REGIONAL, Lymph Nodes

Facial: buccinator, mandibular
Parotid: preauricular, infra-auricular
Submandibular (submaxillary)
Internal jugular: subdigastic
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
  1 Base or anterior 2/3 of tongue
     Hard or soft palate
     Bone: maxilla, mandible, skull

D if:
  2 Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
HARD PALATE

REGIONAL NODES
1. Submandibular
2. Retropharyngeal
3. Internal jugular
4. Cervical, NOS
IN SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa on one side

L if:
2
Midline tumor; tumor has crossed midline

L if:
x
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Soft palate, including uvula
Gingiva, upper
Palatine bone
Maxilla

R if:
2
Buccal mucosa (inner cheek)

REGIONAL, Lymph Nodes

Submandibular (submaxillary)
Retropharyngeal
Internal Jugular: subdigastric
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Nasal cavity; floor of nose
Maxillary antrum (sinus)
Nasopharynx

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
SOFT PALATE AND UVULA

REGIONAL NODES
1. Submandibular
2. Retropharyngeal
3. Internal jugular
4. Upper cervical
IN_SITU: noninvasive

LOCALIZED

1. Confined to mucosa on one side

2. Submucosa and/or musculature invaded on one side

3. Midline tumor; tumor has crossed midline

  Localized, NOS

REGIONAL, Direct Extension

1. Hard palate, mucosa
   Gingiva, upper
   Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)

2. Buccal mucosa (inner cheek)
   Nasal cavity floor

REGIONAL, Lymph Nodes

Submandibular (submaxillary)
Retropharyngeal
Internal Jugular: subdigastric
Upper cervical (including cervical, NOS)
DISTANT, Direct Extension or Metastasis

D if extension to:
1
Tongue
Nasopharynx
Palatine bone
Maxilla
Maxillary antrum (sinus)
Mandible

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
IN SITU; noninvasive

LOCALIZED (Tumor is not fixed)

L if confined to:

1
Posterior wall
One lateral wall
Anterior wall (including laryngeal (anterior) surface of epiglottis, vallecula epiglottis, and junctional region of oropharynx)

L if tumor involves:

2
Lateral wall(s) and posterior (or anterior) wall

L if:

x
Localized, NOS

REGIONAL, Direct Extension

R if:

1
Tumor is not fixed, but extends into:

Soft tissue of neck
Prevertebral fascia
Base of tongue
Larynx
Pyriform sinus
Hypopharynx, NOS

Soft palate, including uvula
Nasopharynx
Floor of mouth
Gum (gingiva), posterior
Buccal mucosa (inner cheek)

R if:

2
Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Retropharyngeal
Internal jugular: subdigastric, supraomohyoid
Upper cervical (including cervical, NOS)
DISTANT, Direct Extension or Metastasis

D if extension to:

1. Both lateral walls involved via soft palate or base of tongue
   Anterior 2/3 of tongue
   Hard palate
   Mandible
   Parotid gland

D if:

2. Other distant involvement

DISTANT, Lymph Nodes

Submandibular
Supraclavicular (transverse cervical)
Other distant nodes
NASOPHARYNX

Eustachian tube
Nasopharynx
Posterior wall
Lateral wall
Anterior wall
Oropharynx
Hypopharynx

Nasal cavity
Soft palate
Uvula

SKULL

Frontal sinus
Floor of orbit
Sphenoid sinus
Ethmoid sinus
Maxillary sinus

REGIONAL NODES
1. Retropharyngeal
2. Internal jugular
3. Cervical, NOS
IN_SITU: noninvasive

LOCALIZED (Tumor is not fixed)

L if confined to:
  1
  Posterior superior wall (vault)
  One lateral wall (including aryepiglottic fold, NOS)

L if tumor involves:
  2
  Posterior superior wall (vault) and lateral wall(s)
  Lateral wall into eustachian tube/ middle ear

L if:
  x
  Localized, NOS

REGIONAL, Direct Extension

R if:
  1
  Tumor is not fixed, but extends into:
  Oropharynx; nasal cavity
  Skull, including floor of orbit
  Pterygopalatine fossa
  Soft palate, including uvula

R if:
  2
  Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

  Retropharyngeal
  Internal Jugular
  Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
  1
  Brain, including cranial nerves
  Accessory sinus: maxillary, sphenoid, ethmoid, frontal
  Hard palate
  Hypopharynx
  Soft tissues of neck

D if:
  2
  Other distant involvement

DISTANT, Lymph Nodes

  Supraclavicular (transverse cervical)
  Submandibular
  Other distant nodes
HYOPHARYNX

Nasopharynx
Prevertebral muscles
Posterior wall
Hypopharynx
Pyriform sinus
Postcricoid area
Esophagus

Oropharynx
Larynx
Cricoid cartilage

PHARYNX (posterior view)

Nasopharynx
Oropharynx
Base of tongue
Larynx
Hypopharynx
Posterior wall
Pyriform sinus
Esophagus

REGIONAL NODES

1. Retropharyngeal
2. Internal jugular
3. Cervical, NOS
IN_SITU: noninvasive

LOCALIZED (Tumor is not fixed)

L if confined to:
1
Pyriform sinus
Postcricoid area
Posterior pharyngeal wall

L if tumor involves:
2
Pyriform sinus and postcricoid area
Pyriform sinus and posterior pharyngeal wall
Postcricoid area and posterior pharyngeal wall
Pyriform sinus, postcricoid area and posterior pharyngeal wall

L if:
x
Localized, NOS

REGIONAL, Direct Extension

P if:
1
Tumor is not fixed, but extends into:
Oropharynx; larynx
Soft tissues of neck
Prevertebral muscle(s)
Upper esophagus

R if:
2
Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Retropharyngeal
Internal jugular: subdigastic, supracoelohyoid
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Nasopharynx
Base of tongue
Floor of mouth

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
IN_SITU: noninvasive

LOCALIZED

L if confined to:
  1
  Mucosa of upper esophagus
  Mucosa but extends to middle esophagus

L if tumor invades:
  2
  Muscularis

L if:
  x
  Localized, NOS

REGIONAL, Direct Extension

R if:
  1
  Adventitia and/or soft tissues of neck
  Major blood vessel(s): carotid artery, subclavian artery,
  Jugular vein
  Thyroid gland
  Esophagus is described as "fixed"

R if:
  2
  Hypopharynx; larynx
  Trachea, including carina
  Cervical vertebra(e)

REGIONAL, Lymph Nodes

Paraesophageal
Internal Jugular
Anterior deep cervical: laterotracheal (recurrent)
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
  1
  Main stem bronchus
  Lung and/or pleura

D if:
  2
  Other distant involvement

DISTANT, Lymph Nodes

Posterior mediastinal
Supraclavicular (transverse cervical)
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if confined to:

1 Mucosa of middle esophagus
   Mucosa but extends to upper and/or lower esophagus
   L if tumor involves:
   2 Muscularis
   L if:
   x Localized, NOS

REGIONAL, Direct Extension

R if:

1 Adventitia and/or soft tissues
   Major blood vessel(s): aorta, pulmonary artery or vein, vena cava
   Trachea
   Carina
   Main stem bronchus
   Esophagus is described as "fixed"
   R if:
   2 Lung via bronchus
   Pleura
   Pericardium
   Mediastinal structure(s) NOS
   Rib(s)
   Thoracic vertebra(e)
   Diaphragm

REGIONAL, Lymph Nodes

Paraesophageal
Tracheobronchial: peritracheal, carinal (bifurcation), hilar
   (pulmonary roots)
Posterior mediastinal
Internal jugular
Left gastric: cardiac, lesser curvature
   Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
LOWER OR DISTAL ESOPHAGUS

- Lower esophagus
- Stomach
- Spleen

Mucosa
Submucosa
Circular Muscle
Longitudinal Muscle

Thyroid gland
Major vessels:
Aorta
Pulmonary artery

Diaphragm
Nodes of lesser curvature
Periesophageal nodes
Stomach
IN SITU: noninvasive

LOCALIZED

L if confined to:
  1 Mucosa of lower esophagus
     Mucosa but extends to middle esophagus
  L if tumor involves:
     2 Muscularis
     L if:
     x Localized, NOS

REGIONAL, Direct Extension

R if:
  1 Adventitia and/or soft tissues
     Esophagus is described as "fixed"
  R if:
     2 Diaphragm
     Cardia of stomach
     Major blood vessel(s): aorta, gastric artery or vein, vena cava

REGIONAL, Lymph Nodes

Paraesophageal
     Left gastric: cardiac, lesser curvature, perigastric, NOS
     Posterior mediastinal

DISTANT, Direct Extension or Metastasis

D if:
  1 "Diaphragm is fixed" (indicates phrenic nerve involved by tumor)
  D if:
     2 Other distant involvement

DISTANT, Lymph Nodes

Celiac
     Para-aortic
     Other distant nodes
IN\_SITU; noninvasive

LOCALIZED

L if:

1
Confined to mucosa (lamina propria or muscularis mucosae; intramuscosal)

L if:

2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:

3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:

4
Implants inside the stomach

L if:

x
Localized, NOS

REGIONAL, Direct Extension

R if extension to:

1
Perigastric fat
Lesser omentum
Ligaments: gastrocolic, gastrohepatic, gastrosplenic
Gastric artery

R if:

2
Invasion of (through) serosa*
Diffuse involvement of entire thickness of stomach wall
(linitis plastica)

R if extension to:

3
Esophagus (intraluminal)
Duodenum (intraluminal)

R if extension to:

4
Spleen
Omentum (greater)
Transverse colon (including hepatic and splenic flexures)
Diaphragm

*Invasion of serosa may be considered localized in historical comparisons.
STOMACH (excluding cardioesophageal junction)  
510-516, 518-519 

R if extension to: 
5 
Esophagus via serosa 
Duodenum via serosa 
Liver 
Pancreas 
Jejunum, ileum 

REGIONAL, Lymph Nodes 

Inferior gastric: 
  Gastrocolic 
  Gastroepiploic, right or NOS 
  Greater curvature 
  Greater omentum 
  Infrapyloric 
  Pyloric 
  Subpyloric 

Superior gastric: 
  Cardiac 
  Cardioresophageal 
  Gastrohepatic 
  Left gastric 
  Lesser curvature 
  Lesser omentum 
  Paracardial 

Splenic hilar: 
  Left gastroepiploic 
  Pancreaticocolical 
  Peripancreatic 
  Splenic 

Perigastric, NOS 

Nodule(s) in perigastric fat 

DISTANT, Direct Extension or Metastasis 

D if extension to: 
1 
Left Kidney 
Adrenal gland(s) 
Retroperitoneum 
Abdominal wall 
Ovary (Krukenberg tumor) 

D if: 
2 
Other distant involvement 

DISTANT, Lymph Nodes 

Celiac 
Hepatic 
Mesenteric, superior or inferior 
Para-aortic 
Portal 
Retroperitoneal 
Other distant nodes
IN_SITU: noninvasive

LOCALIZED

L if:
1 Invasive cancer confined to a polyp
   Confined to submucosa

L if:
2 Muscularis and/or serosa invaded

L if:
3 Intraluminal to jejunum
   x Localized, NOS

REGIONAL, Direct Extension

R if:
1 Periduodenal tissue
   Mesentery, including mesenteric fat
   Stomach
   Extrahepatic bile duct(s), including ampulla of Vater
   Pancreas, including pancreatic duct

R if:
2 Greater omentum
   Major blood vessel(s): aorta, superior mesenteric artery or vein,
   vena cava, portal vein, renal vein, gastro-duodenal artery

R if:
3 Small intestine via serosa
   Transverse colon, including hepatic flexure
   Right and/or quadrate lobe of liver
   Gallbladder
   Right kidney
   Right ureter
   Diaphragm
   Abdominal wall
   Retroperitoneum
REGIONAL, Lymph Nodes

Hepatic: pancreaticoduodenal, infrapyloric, gastroduodenal

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Superior mesenteric
Other distant nodes
**IN SITU; noninvasive**

**LOCALIZED**

L if:

1

Invasive cancer confined to a polyp
Confined to submucosa

L if:

2

Muscularis and/or serosa invaded

L if:

3

Intraluminal to ileocecal valve or cecum from ileum
Intraluminal to duodenum from jejunum

L if:

x

Localized, NOS

**REGIONAL, Direct Extension**

R if:

1

Mesentery, including mesenteric fat

R if:

2

Abdominal wall
Retroperitoneum
Small intestine via serosa
Large intestine, including appendix

**REGIONAL, Lymph Nodes**

Posterior cecal (terminal ileum only)
Ileocolic (terminal ileum only)
Superior mesenteric

**DISTANT, Direct Extension or Metastasis**

Bladder
Uterus
Ovary
Fallopian tube
Other distant involvement

**DISTANT, Lymph Nodes**
IN SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:
4
Intraluminal to appendix, cecum or ileocecal valve, ileum, ascending colon
Implants inside the cecum

L if:
x
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Mesentery, including mesenteric fat
Pericolic (pericecal) fat
Adjacent tissue(s), NOS

R if:
2
Invasion of (through) serosa

R if extension to:
3
Greater omentum
Retroperitoneum
Abdominal wall
Small intestine, other than ileum

*Invasion of serosa may be considered localized in historical comparisons.*

- 63 -
REGIONAL, Lymph Nodes

Epicolic
Paracolic
Cecal
Ileocolic
Right colic (including colic, NOS)
Mesenteric, superior or NOS

Node(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Uterus
Ovary
Fallopian tube
Urinary bladder
Gallbladder
Right kidney or ureter
Liver
Other segment of colon via serosa

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Inferior mesenteric
Para-aortic
Retroperitoneal
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:
4
Intraluminal to cecum, appendix, ileocecal valve, transverse colon Implants inside the ascending colon

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Pericolic fat
Retroperitoneal fat
Adjacent tissue(s), NOS

R if:
2
Invasion of (through) serosa

R if extension to:
3
Greater omentum
Retroperitoneum
Abdominal wall
Small intestine
Right ureter
Right kidney
Liver, right lobe

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Epicolic
Paracolic
Ileocolic
Right colic (including cecal, NOS)
Middle colic
Mesenteric, superior or NOS

Node(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:
  1
    Uterus
    Ovary
    Fallopian tube
    Urinary bladder
    Gallbladder
    Other segment of colon via serosa

D if:
  2
    Other distant involvement

DISTANT, Lymph Nodes

Inferior mesenteric
Para-aortic
Retroperitoneal
Other distant nodes
HEPATIC FLEXURE,
TRANSVERSE COLON &
SPLENIC FLEXURE

Liver
Spleen

Middle colic
nodes
Hepatic
flexure
Right colic
nodes
Mesentery
Small Intestine

Transverse colon
Splenatic
flexure
Left colic
nodes

Stomach
Spleen
Pancreas

Liver
Lesser omentum
Stomach
Greater
omentum
Kidney

Spleen
**LOCALIZED**

L if:

1
Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:

2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:

3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:

4
Intraluminal to ascending or descending colon

L if:

X
Localized, NOS

**REGIONAL, Direct Extension**

R if extension to:

1
Mesentery (including mesenteric fat); mesocolon
Pericolic fat
Greater omentum; gastrocolic ligament
Adjacent tissue(s), NOS

R if:

2
Invasion of (through) serosa*

R if extension to:

3
Stomach
Small intestine
Liver
Spleen
Pancreas
Retroperitoneum
Gallbladder/ bile ducts
Kidney
Abdominal wall

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Epigastic
Paracolic
Right colic for hepatic flexure only
Middle colic
Colic, NOS
Left colic for splenic flexure only
Inferior mesenteric for splenic flexure only
Superior mesenteric for hepatic flexure and transverse colon only
Mesenteric, NOS

Node(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:
1 Other segment of colon via serosa
   Diaphragm
   Ureter
   Adrenal gland
   Ovary

D if:
2 Other distant involvement

DISTANT, Lymph Nodes

Para-aortic or retroperitoneal

Inferior mesenteric for hepatic flexure and transverse colon only
Superior mesenteric for splenic flexure only
IN_SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa (lamina propria or muscularis mucosae)

L if:
2 Submucosa invaded (thru muscularis mucosae)
   Stalk invaded (if polyp)
   Superficial invasion

L if:
3 Muscularis propria invaded
   Invasion through muscularis propria
   Subserosal tissue invaded (including extension through the wall, NOS)

L if:
4 Intraluminal to splenic flexure, transverse colon, sigmoid colon

L if:
X
   Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1 Pericolic fat, NOS
   Retroperitoneal fat
   Adjacent tissue(s), NOS

R if:
2 Invasion of (through) serosa*

R if extension to:
3 Small intestine
   Retroperitoneum
   Greater omentum
   Abdominal or pelvic wall
   Left ureter
   Left kidney
   Spleen

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Epicolic
Paracolic
Left colic (including colic, NOS)
Mesenteric, inferior or NOS

Nodule(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1. Uterus
2. Ovary
3. Fallopian tube
4. Other segment of colon via serosa

D if:

2. Other distant involvement

DISTANT, Lymph Nodes

Para-aortic
Retroperitoneal
Superior mesenteric
Other distant nodes


**IN SITU; noninvasive**

**LOCALIZED**

L if:
1
Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria
Suberosal tissue invaded (including extension through the wall, NOS)

L if:
4
Intraluminal to descending colon, rectosigmoid, or rectum

L if:
X
Localized, NOS

**REGIONAL, Direct Extension**

R if extension to:
1
Mesentery (including mesenteric fat); mesosigmoid
Pericolic fat
Adjacent tissue(s), NOS

R if:
2
Invasion of (through) serosa

R if extension to:
3
Greater omentum
Abdominal or pelvic wall
Small intestine

*Invasion of serosa may be considered localized in historical comparisons.*
REGIONAL, Lymph Nodes

Epicolic
Paracolic
Celiac, NOS
Sigmoidal
Superior hemorrhoidal
Superior rectal
Mesenteric, inferior or NOS

Node(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Uterus
Cul de sac (rectouterine pouch)
Ovary
Fallopian tube
Ureter
Urinary bladder
Other segment of colon via serosa

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

Para-aortic
Retroperitoneal
Superior mesenteric
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2 Submucosa invaded (thru muscularis mucosae)
  Stalk invaded (if polyp)
  Superficial invasion

L if:
3 Muscularis propria invaded
  Invasion through muscularis propria
  Subserosal tissue invaded (including through the wall, NOS)

L if:
4 Intraluminal to sigmoid colon or rectum

X
  Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1 Mesentery, including mesenteric fat
  Pericolic (perirectal) fat
  Adjacent tissue(s), NOS

R if:
2 Invasion of (through) serosa*

R if extension to:
3 Small intestine
  Cul de sac (rectouterine pouch)
  Pelvic wall/ pelvic plexuses

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Paracolic (including colic, NOS)
Pararectal
Hemorrhoidal, superior or middle
Sigmoidal
Internal iliac (hypogastric)
Mesenteric, inferior or NOS

Node(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1
- Uterus
- Vagina
- Urinary bladder and/or ureter
- Prostate
- Skeletal muscles of pelvic floor
- Fallopian tube
- Ovary
- Other segment of colon via serosa

D if:

2
- Other distant involvement

DISTANT, Lymph Nodes

Para-aortic
Retroperitoneal
Superior mesenteric
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa (lamina propria or muscularis mucosae)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria (including extension through wall, NOS)

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Perirectal fat
Rectovaginal septum
Adjacent tissue(s), NOS

R if:
2
Invasion of (through) serosa*

R if extension to:
3
Intraluminal to rectosigmoid or anus

R if extension to:
4
Colon, anus (except intraluminal)
Vagina
Cul de sac (rectouterine pouch)

*Invasion of serosa may be considered localized in historical comparisons.
R if extension to:

5
Urinary bladder/rectovesical fascia, male
Prostate
Seminal vesicle
Ductus deferens
Skeletal muscle of pelvic floor
Pelvic wall

REGIONAL, Lymph Nodes

Pararectal
Hemorrhoidal, superior or middle
Sacral
Sigmoidal
Mesenteric, inferior or NOS
Internal iliac (hypogastric)

Node(s) in perirectal fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Uterus
Urinary bladder, female
Sacrum
Sacral plexus
Bones of pelvis
Ovary
Urethra
Perineum; perianal skin

D if:

2
Other distant involvement.

DISTANT_LYMPH NODES

Para-aortic
Retroperitoneal
Superior mesenteric

Inguinal
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1
Incidental finding of malignancy in hemorrhoid
Invasive cancer confined to submucosa

L if:
2
Muscularis (internal sphincter)

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Rectal mucosa or submucosa
Perianal skin
Skeletal muscle(s): anal sphincter (external), levator ani
Ischiorectal fat/tissue

R if:
2
Perineum
Vulva

REGIONAL, Lymph Nodes

Anorectal; pararectal
Internal iliac (hypogastric) for anal canal only
Lateral sacral for anal canal only
Superficial inguinal for anus only

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Prostate
Peritoneum of pelvic floor
Bladder
Urethra
Vagina

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

NOTE: Melanoma of the anus is classified according to the staging scheme for melanoma.
LOCALIZED

Confined to one lobe
Satellite nodule(s) confined to one lobe

Localized, NOS

REGIONAL, Direct Extension

R if:
1
More than one lobe involved by contiguous growth
Gallbladder from right lobe of liver

R if:
2
Extrahepatic blood vessel(s): hepatic artery, vena cava, portal vein
Extrahepatic bile duct(s)
Diaphragm
Peritoneum
Ligament(s): falciform, coronary, triangular, hepatogastric, hepatoduodenal

Lesser omentum

REGIONAL, Lymph Nodes

Cardiac
Diaphragmatic: pericardial
Posterior mediastinal
Hepatic: hepatic pedicle, inferior vena cava, hepatic artery
Lateral aortic (retroperitoneal): coronary, renal artery

DISTANT, Direct Extension or Metastasis

D if:
1
Satellite nodules in more than one lobe of liver, surface or parenchymal

D if extension to:
2
Pleura
Pancreas
Stomach

D if:
3
Other distant involvement

DISTANT, Lymph Nodes
LYMPHATICS OF THE GALLBLADDER

Fig. 504. Schematic representation of the lymphatics of the gallbladder showing the pathways to: 1, cystic node; 2, node of anterior border of foramen of Winslow; and, 3, superior retropancreaticoduodenal node.

GALLBLADDER April, 1977
560

IN SITU; noninvasive

LOCALIZED

L if:
1
Invasive cancer confined to submucosa

L if:
2
Muscularis and/or serosa invaded

L if:
x
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Right lobe of liver
Gallbladder is replaced by tumor (indicate extension to liver)
Extrahepatic bile duct(s), including ampulla of Vater

R if:
2
Blood vessels: cystic artery/vein, hepatic artery, portal vein
Pancreas via extrahepatic bile ducts
Greater omentum
Lesser omentum
Duodenum

REGIONAL, Lymph Nodes

Cystic (node of the neck of the gallbladder)
Node of the foramen of Winslow
Hepatic: periportal, pancreaticoduodenal

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Pancreas (other than above)
Large intestine
Stomach

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Mesenteric
Para-aortic
Other distant nodes
EXTRAHEPATIC BILE DUCT April, 1977
AMPUTA OF VATER
561, 562

IN SITU: noninvasive

LOCALIZED

Confined to bile duct(s): cystic, hepatic, common, ampulla of Vater

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Duodenum
Gallbladder
Pancreas
Liver, porta hepatis
Lesser omentum

R if:
2
Transverse colon, including hepatic flexure
Distal stomach
Blood vessels: portal vein, hepatic artery

REGIONAL, Lymph Nodes

Cystic (node of the neck of the gallbladder)
Node of the foramen of Winslow
Hepatic: periportal, pancreaticoduodenal

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Mesenteric
Para-aortic
Other distant nodes
LOCALIZED

Confined to head of pancreas
Body of pancreas involved
With obstruction, but no invasion, of extrahepatic bile duct(s)

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Extrahepatic bile duct(s), including ampulla of Vater
Duodenum
Stomach adjacent to head of pancreas, including stomach NOS

R if:
2
Liver
Major blood vessel(s): hepatic, pancreaticoduodenal and/or gastro-
duodenal arteries, superior mesenteric artery or vein, portal vein
Transverse colon, including hepatic flexure
Peritoneum
Mesentery, mesocolon, mesenteric fat
Greater and/or lesser omentum
Gallbladder

R if:
3
Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Peripancreatic
Hepatic: pancreaticoduodenal, infrapyloric (subpyloric)
Superior mesenteric
Lateral aortic (retroperitoneal)
Celiac

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Body of stomach
Kidney
Ureter
Adrenal gland
Retroperitoneum
Jejunum
Ileum

D if:
2
Other distant involvement

DISTANT, Lymph Nodes
LOCALIZED

Confined to body and/or tail of pancreas
Head of pancreas involved

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Left kidney
Left ureter
Left adrenal gland
Retroperitoneal soft tissues (retroperitoneal space)

R if:
2
Spleen
Stomach
Liver, porta hepatis
Gallbladder

Small intestine
Splenic flexure
Peritoneum
Mesentery, mesocolon, mesenteric fat
Major blood vessel(s): aorta, celiac artery, hepatic artery, splenic artery or vein, superior mesenteric artery or vein, portal vein

REGIONAL, Lymph Nodes

Splenic: suprapancreatic, splenic hilum, pancreaticocolenal
Superior mesenteric
Lateral aortic (retroperitoneal)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Right kidney
Right ureter
Right adrenal gland
Diaphragm
Large intestine (other than splenic flexure)

D if:
2
Other distant involvement

DISTANT, Lymph Nodes
LYMPH NODES OF THE PELVIS AND ABDOMEN

Source: Taylor, G. W., Lymph Node Metastases, p. 44
DEFINITION OF ANATOMICAL LIMITS OF THE LARYNX ACCORDING TO THE AMERICAN JOINT COMMITTEE ON CANCER STAGING

**Anterior Limit** is constituted by the anterior or lingual surface of the suprahypoid epiglottis, thyrohyoid membrane, the anterior commissure, and the anterior wall of the subglottic region, which is composed of the thyroid cartilage, the cricothyroid membrane, and the anterior arch of the cricoid cartilage.

**Posterior Lateral Limits** include the aryepiglottic folds, the arytenoid region, the interarytenoid space, and the posterior surface of the subglottic space represented by the mucous membrane covering the cricoid cartilage.

**Superior Lateral Limits** are constituted by the tip and the lateral border of the epiglottis.

**Inferior Limits** are constituted by a plane passing through the inferior edge of the cricoid cartilage.

The larynx is divided into the following anatomical regions and sites:

<table>
<thead>
<tr>
<th>Region</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supraglottic</td>
<td>Ventricular bands (false cords), right and left</td>
</tr>
<tr>
<td></td>
<td>Arytenoids, right and left</td>
</tr>
<tr>
<td></td>
<td>Epiglottis (both lingual and laryngeal aspects)</td>
</tr>
<tr>
<td></td>
<td>Suprahypoid epiglottis</td>
</tr>
<tr>
<td></td>
<td>Infrahypoid epiglottis</td>
</tr>
<tr>
<td></td>
<td>Aryepiglottic folds</td>
</tr>
<tr>
<td>Glottic</td>
<td>True vocal cords, right and left</td>
</tr>
<tr>
<td></td>
<td>Anterior and posterior commissures</td>
</tr>
<tr>
<td>Subglottic</td>
<td>Right and left walls of the subglottis, exclusive of the undersurface of the cords</td>
</tr>
</tbody>
</table>
IN SITU: noninvasive

LOCALIZED

L if:
1 Tumor limited to one area within a region

Supraglottic region
  Laryngeal (posterior) surface of epiglottis
  Arytenoid
  Aryepiglottic fold
  Ventricular band (false cord, vestibular fold)
  Ventricular cavity

Glottic region (normal mobility)
  Vocal cord, one side
  Commissure

Subglottic region on one side

L if:
2 Tumor extends to adjacent area(s) within a region

Supraglottic region
  More than one of the above areas

Glottic region (normal mobility)
  Cord and commissure
  Both vocal cords

Subglottic region on both sides

L if:
3 Glottic region: Fixation of cord(s)

L if:
4 Tumor involves adjacent region(s)

Supraglottic region
  Glottic region (with or without fixation)
  Subglottic region

Involves intrinsic muscle(s): aryepiglottic, arytenoid, cricoarytenoid, cricothyroid, thyroepiglottic, thyroarytenoid, vocalis

L if:
  x
Localized, NOS
REGIONAL, Direct Extension

R if:

1

Pyriform sinus
Postcricoid area
Hypopharynx NOS
Vallecula, including pharyngeal and glossoepiglottic folds
Base of tongue from laryngeal surface of epiglottis

R if:

2
Extends into cricoid and/or thyroid cartilage

REGIONAL, Lymph Nodes

Internal jugular: subdigastric
Anterior deep cervical: prelaryngeal, pretracheal, laterotracheal
(recurrent)
Cervical, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Extrinsic muscle(s): omohyoid, sternohyoid, sternothyroid, thyrohyoid
strap muscles
Soft tissues of neck
Thyroid
Skin
Trachea
Upper esophagus

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular
Submandibular
Other distant nodes
IN SITU: noninvasive

LOCALIZED

Single tumor 2 cm. from carina and confined to one lung
and/or main stem bronchus

L if:
  1
  Tumor size is 3.0 cm. or less

L if:
  2
  Tumor size > 3.0 cm.

L if:
  3
  Tumor size is unknown

L if:
  4
Single tumor of any size < 2 cm. from carina and confined to one
lung and/or main stem bronchus

L if:
  5
Multiple masses confined to one lung and/or main stem bronchus

L if:
  6
Localized, NOS
REGIONAL, Direct Extension

R if extension to:
1 Pleura, visceral/NOS
   Pericardium, parietal/NOS
   Pulmonary ligament

R if tumor involves:
2 Carina
   Trachea
   Esophagus

Nerve(s):
   Recurrent laryngeal
   Vagus
   Phrenic
   Cervical sympathetic (Horner's syndrome)

Major blood vessel(s):
   Pulmonary artery or vein
   Azygos vein
   Superior vena cava

R if:
X Extrapulmonary mediastinal extension, NOS

REGIONAL, Lymph Nodes

Intrapulmonary
   Hilal (bronchial; parabronchial; pulmonary root)
   Subcarinal; carinal

Mediastinal (paratracheobronchial; paratracheal; pericardial;
   para-esophageal; para-aortic-above diaphragm)
DISTANT, Direct Extension or Metastasis

D if extension to:

1. Brachial plexus from superior sulcus or Pancoast tumor
   Lung and/or main stem bronchus, contralateral
   Pericardium, visceral
   Heart
   Pleura, parietal

D if extension to:

2. Rib, sternum, vertebra
   Chest (thoracic) wall
   Skeletal muscle
   Skin of chest
   Diaphragm
   Abdominal organs

D if:

3. Other distant involvement

DISTANT, Lymph Nodes

Contralateral hilar or mediastinal (including bilateral)
Supraclavicular (transverse cervical)
Scalene
Cervical, NOS
Other distant nodes
LOCALIZED

Confined to bone
Tumor has broken through periosteum but not beyond
Abnormal configuration of bone

Localized, NOS

REGIONAL, Direct Extension

Surrounding tissues, including skeletal muscle(s)
Adjacent bone

REGIONAL, Lymph Nodes

First chain of nodes involved in the area of the
tumor

DISTANT, Direct Extension or Metastasis

Skin
Other distant involvement

DISTANT, Lymph Nodes
LYMPHATICS OF THE SKIN

Fig. 100 Lymphatics of the skin of the face and upper and lower extremities.

IN SITU; intraepidermal (Clark's Level 1)

LOCALIZED

$L_1$ if tumor invades:
Papillary dermis (Clark's Level 2)
OR
Thickness/Depth of invasion ≤0.75 mm

$L_2$ if tumor invades:
Papillary- reticular dermal interface (Clark's Level 3)
OR
Thickness/Depth of invasion 0.76 - 1.50 mm

$L_3$ if tumor invades:
Reticular dermis (Clark's Level 4)
OR
Thickness/Depth of invasion >1.50 mm

$L_4$ if:
Subcutaneous tissue (through entire dermis) (Clark's Level 5)

$L_x$ if:
Localized, NOS; confined to skin/dermis, NOS

REGIONAL

$R_1$ if:
Satellite nodule(s) within immediate area (≤2 cm from the primary lesion)

$R_2$ if:
Intransit metastasis directed toward regional lymph nodes
(including satellite nodule(s) >2 cm from the primary lesion)

NOTE 1: Skin ulceration does not alter the classification.

NOTE 2: Clark's level takes precedence over thickness/depth of invasion in case of discrepancy
REGIONAL. Lymph Nodes (by primary site)

Parotid: preauricular, infra-auricular
  Forehead
  Temporal region
  Malar region
  Lateral half of eyelids
  Outer canthus
  Anterior half of ear

Submandibular (submaxillary)
  Midline of forehead
  Medial half of eyelids
  Inner canthus
  Nose
  Cheeks, Nose

Cervical
  Occipital scalp, posterior ear
  Head and neck tumors, any location
  Scapula, above transverse line

Supraclavicular (transverse cervical)
  Chest wall, anterior and posterior
  Neck

Popliteal
  Heel
  Posterior leg

DISTANT. Direct Extension or Metastasis

D₁ if:
Underlying cartilage, bone, muscle

D₂ if:
Metastatic (generalized) skin lesions

D₃ if:
Other distant involvement

DISTANT. Lymph Nodes

Other than above
NOTE: For skin of vulva, use 841-844 schemes; for penis, use 871, 872, 874 schemes.

**IN SITU:** intraepidermal

**LOCALIZED**

Single lesion confined to dermis  
Skin ulceration  
Subcutaneous tissues (through entire dermis)  
Localized, NOS

**REGIONAL, Lymph Nodes (by primary site)**

<table>
<thead>
<tr>
<th>Parotid: preauricular, infra-auricular</th>
<th>Axillary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forehead</td>
<td>Arm</td>
</tr>
<tr>
<td>Temporal region</td>
<td>Hand</td>
</tr>
<tr>
<td>Malar region</td>
<td>Shoulder</td>
</tr>
<tr>
<td>Lateral half of eyelids</td>
<td>Chest wall, anterior and posterior</td>
</tr>
<tr>
<td>Outer canthus</td>
<td>Scapula (upper back), below transverse line</td>
</tr>
<tr>
<td>Anterior half of ear</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submandibular (submaxillary)</th>
<th>Epitrochlear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midline of forehead</td>
<td>Hand</td>
</tr>
<tr>
<td>Medial half of eyelids</td>
<td>Forearm</td>
</tr>
<tr>
<td>Inner canthus</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td>Superficial inguinal</td>
</tr>
<tr>
<td>Lips</td>
<td>Lumbar region (lower back)</td>
</tr>
<tr>
<td>Cheeks</td>
<td>Abdominal wall, anterior and posterior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cervical</th>
<th>Perineum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occipital scalp, posterior ear</td>
<td>Perianal region</td>
</tr>
<tr>
<td>Head and neck tumors, any location</td>
<td></td>
</tr>
<tr>
<td>Scapula, above transverse line</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supraclavicular (transverse cervical)</th>
<th>Femoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest wall, anterior and posterior</td>
<td>Lower extremities</td>
</tr>
<tr>
<td>Neck</td>
<td>(excluding heel)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Popliteal</th>
<th>Perineum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heel</td>
<td>Perianal region</td>
</tr>
<tr>
<td>Posterior leg</td>
<td></td>
</tr>
</tbody>
</table>
DISTANT. Direct Extension or Metastasis

$D_1$ if:
Underlying cartilage, bone, and muscle

$D_2$ if:
Metastatic (generalized) skin lesions

$D_3$ if:
Other distant involvement

DISTANT, Lymph Nodes

Other than above
LYMPHATICS OF THE BREAST

Fig. 669. Lymphatics of the breast leading to, 1, axillary nodes which are distributed over a large area from the lateral aspects of the breast proper to the axillary vessels; 2, interpectoral chain leading to interpectoral node (circle detail) and to high nodes in the axilla; 3, chain of the internal mammary leading frequently to node in second interspace and to supraclavicular and cervical nodes. The lymphatics of the breast may empty into the opposite axillary nodes.

IN SITU (including noninfiltrating, intraductal without infiltration)

LOCALIZED

Confined to breast, including nipple and/or areola:

\[
\begin{align*}
L_1 & \text{ if tumor size is } < 2 \text{ cm} \\
L_2 & \text{ if tumor size is } 2-4.9 \text{ cm} \\
L_3 & \text{ if tumor size is } \geq 5 \text{ cm} \\
L_4 & \text{ if tumor size is unknown} \\
L_5 & \text{ Localized, NOS}
\end{align*}
\]

Note: Skin changes such as dimpling, tethering, attachment, fixation, induration and thickening or Paget's disease of nipple do not alter the classification.

REGIONAL. Direct Extension

\[
\begin{align*}
R_1 & \text{ if tumor of any size with:} \\
& \text{invasion of subcutaneous tissue} \\
& \text{Skin infiltration of primary breast} \\
& \text{Skin edema, peau d'orange, "pigskin"} \\
& \text{En curvaise, lenticular nodules} \\
& \text{Inflammation of skin, erythema} \\
& \text{Ulceration of skin of breast} \\
& \text{Satellite nodules in skin of primary breast} \\
& \text{Pectoral fascia or pectoral muscle involvement}
\end{align*}
\]

\[
\begin{align*}
R_2 & \text{ if:} \\
& \text{Invasion of (or fixation to) chest wall, ribs, intercostal} \\
& \text{or serratus anterior muscles}
\end{align*}
\]
REGIONAL. Lymph Nodes

Axillary (low, adjacent to tail of breast;
   mid, central, interpectoral, Rotter's node;
   high, subclavicular, axillary vein nodes, apical)
Internal mammary (parasternal)

Nodules in axillary fat

DISTANT. Direct Extension or Metastasis

D₁ if
Skin over sternum, upper abdomen, axilla or opposite breast
Satellite nodule(s) in skin other than primary breast

D₂ if tumor involves:
Breast, contralateral

D₃ if:
Other distant involvement

DISTANT. Lymph Nodes

Infraclavicular
Supraclavicular (transverse cervical)
Cervical, NOS
Axillary and/or internal mammary, contralateral
Other distant nodes
Fig. 519. Schematic representation of the lymphatics of the uterus showing 1, the uterine-ovarian pedicle; 2, the external iliac pedicle; and 3, the round ligament pedicle leading to the inguinal lymph nodes.

IN SITU

Non-invasive, pre-invasive, intraepithelial
League of Nations Stage 0

LOCALIZED

L if:
1
Minimal stromal invasion; "microinvasion"
L if:
2
Invasive cancer confined to cervix

L if:
x
League of Nations Stage I

REGIONAL, Direct Extension

R if extension to:
1
Corpus uteri (body of uterus)
R if extension to:
2
Upper 2/3 of vaginal wall (including fornices and vagina, NOS)
Parametrium
Ligaments: broad, uterosacral, cardinal
League of Nations Stage II
R if extension to:
3
Lower 1/3 of vaginal wall
Pelvic wall(s)
League of Nations Stage III
R if extension to:
4
Rectal and/or bladder wall (excluding mucosa)
Bullous edema of bladder mucosa
Cul de sac (rectouterine pouch)
REGIONAL, Lymph Nodes

Hypogastric
Iliac (common, internal, external)
 Obturator
 Paracervical
 Parametrial/pelvic, NOS
 Sacral (laterosacral, presacral, sacral promontory, uterosacral)

DISTANT, Direct Extension or Metastasis

D if extension to:

Bladder mucosa
Rectal mucosa
Ureter
Urethra
Sigmoid colon
Small intestine
Vulva
Ovary and/or fallopian tube

D if:

2 "Frozen pelvis"

D if:

3 Other distant involvement

D if:

x League of Nations Stage IV

DISTANT, Lymph Nodes

Aortic (para-aortic, peri-aortic, lumbar)
Inguinal
Other distant nodes
IN SITU, pre-invasive, non-invasive

LOCALIZED

L if:

1 Invasive cancer confined to endometrium

L if:

2 Myometrium/serosa (perimetrum) invaded

Invasive cancer confined to corpus, clinically:
(Depth of invasion unknown)

L if:

3 Sounding of uterine cavity is ≤ 8 cm, from cervical os

L if:

4 Sounding of uterine cavity is > 8 cm, from cervical os

L if:

x Localized, NOS

REGIONAL, Direct Extension

R if extension to:

1 Cervix uteri, including endocervix

R if extension to:

2 Parametrium
Ligaments: broad, round, uterosacral

R if extension to:

3 Pelvic wall(s)
Ovary and/or fallopian tube(s)

R if extension to:

4 Rectal and/or bladder wall (excluding mucosa)
REGIONAL, Lymph Nodes

Hypogastric
Iliac (common, internal, external)
Obturator
Paracervical
Parametrial/pelvic, NOS
Sacral (laterosacral, sacral promontory, presacral, uterosacral)
Superficial inguinal
Lateral aortic, presaortic

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Vagina
Vulva
Cul de sac (rectouterine pouch)
Rectum or bladder mucosa
Ureter
Sigmoid colon
Small intestine
Serosa of abdominal organs

D if:

2
"Frozen pelvis"

D if:

3
Other distant involvement

DISTANT, Lymph Nodes
LOCALIZED

Confined to ovarian tissue--one ovary or, if not specified to be metastatic, both ovaries

Localized, NOS

REGIONAL, Direct Extension

Peritoneum (pelvic; immediately adjacent, not implants)
Broad ligament, ipsilateral
Mesovarium, ipsilateral
Fallopian tube, ipsilateral
Adnexa, ipsilateral

REGIONAL, Lymph Nodes

Aortic (lateral and preaortic)
Hypogastric
Iliac (common, internal, external)
Obturator
Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
  1
  Sigmoid
  Omentum
  Cul de sac (rectouterine pouch)
  Uterus
  Rectosigmoid, rectum
  Small intestine
  Bladder, ureter

D if:
  2
  Implants on ovary, fallopian tube, cul de sac (rectouterine pouch), peritoneum, omentum
  Metastatic to contralateral ovary and/or fallopian tube

D if:
  3
  Other distant involvement

DISTANT, Lymph Nodes

Inguinal
Other distant nodes
LOCALIZED

Confined to fallopian tube(s) (specify bilateral involvement)

Localized, NOS

REGIONAL, Direct Extension

Peritoneum
Broad ligament, ipsilateral
Mesosalpinx, ipsilateral
Ovary, ipsilateral
Uterus (endometrium), ipsilateral

REGIONAL, Lymph Nodes

Aortic (lateral and preaortic)
Hypogastric
Iliac (common, internal, external)
Obturator
 Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Omentum
Cul de sac (rectouterine pouch)
Sigmoid
Rectosigmoid
Ovary, contralateral
Small intestine

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Inguinal
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1
Invasive cancer confined to submucosa (stroma)

L if:
2
Musculature invaded

L IF:

x
Localized, NOS

REGIONAL, Direct Extension

Cervix
Vulva
Cul de sac (rectouterine pouch)
Vesicovaginal septum (paracystum)
Rectovaginal septum

REGIONAL, Lymph Nodes

External iliac
Internal iliac (hypogastric)
Common iliac (sacral promontory)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Urethra
Bladder
Rectum

D if:
2
"Frozen pelvis"

DISTANT, Lymph Nodes

Inguinal
Periaortic
Other distant lymph nodes
LYMPHATICS OF THE VULVA

Fig. 662. Lymphatics of the vulva leading to: 1, the superficial inguinal lymph nodes; 2, the superficial femoral nodes; 3, the deep inguinal nodes through the main clearing station; 4, the node of Cloquet; 5, the external iliac nodes.

IN SITU: noninvasive; Bowen's disease

LOCALIZED

Invasive cancer confined to submucosa
Confined to skin of vulva
Musculature invaded

Localized, NOS

REGIONAL, Direct Extension

Vaginal wall or orifice
Urethral orifice
Perineum
Perianal skin
Anus

REGIONAL, Lymph Nodes

Superficial inguinal
Deep inguinal: Rosenmuller's or Cloquet's node
External iliac

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Perineal body
Rectal mucosa

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

*Except melanomas which are classified according to the staging scheme for melanoma.
Fig. 542. Schematic representation of lymphatics of the prostate showing, 1, external iliac pedicle; 2, hypogastric pedicle; and 3, posterior pedicle. The inferior pedicle which follows a downward direction and ends in hypogastric nodes is not illustrated here.

IN_SITU: noninvasive

LOCALIZED

  L if:
  1
  Invasive cancer confined to prostatic capsule     (intra-capsular)

  L if:
  2
  Invasion of prostatic capsule

  L if:
  3
  Prostatic urethra involved

  L if:
  x
  Localized, NOS

REGIONAL, Direct Extension

  R if extension:
  1
  Periprostatic tissues
  Seminal vesicle(s)

  R if:
  2
  Through prostatic capsule, including "fixation"

  R if extension to:
  3
  Rectovesical (Denovillier's) fascia
  Bladder
  Rectum
  Extraprostatic urethra (membranous urethra)
REGIONAL, Lymph Nodes

Hypogastric
Iliac (common, internal, external)
Obturator
Periprostatic/pelvic, NOS
Sacral (lateral sacral, sacral promontory, presacral)

DISTANT, Direct Extension or Metastasis

D if extension to:
1 Skeletal muscles: levator ani
   Pelvic bone
   Pelvic wall
   Ureter
   Sigmoid colon
   Penis

D if:
2 "Frozen pelvis"

D if:
3 Other distant involvement

DISTANT, Lymph Nodes

Aortic (para-aortic, periaortic, lumbar)
Inguinal
Other distant nodes
Fig. 562. Schematic representation of the lymphatics of the testis showing main drainage in the para-aortic lymphatics and further lymphatic extension by way of the thoracic duct. The left supraclavicular node is fairly frequently involved. The lymphatics of the epididymis drain into the external iliac lymph nodes.

LOCALIZED

Confined to tunica albuginea (encapsulated tumor)
Tunica vaginalis involved

Localized, NOS

REGIONAL, Direct Extension

Epididymis
Scrotum, ipsilateral
Spermatic cord, ipsilateral
Vas deferens

REGIONAL, Lymph Nodes

Aortic, below level of renal arteries
External iliac
Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Ulceration of scrotum
Scrotum, contralateral
Testis, bilateral
Penis

Kidney
Adrenal gland
Retroperitoneum

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Inguinal
Other distant nodes
IN SITU: noninvasive (Bowen's Disease)

LOCALIZED

Invasive cancer confined to skin of penis, prepuce and/or glans

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Corpus cavernosum

R if:
2
Urethra
Satellite nodule(s) on prepuce or glans
Skin: pubic, scrotal, abdominal, perineum

REGIONAL, Lymph Nodes

External iliac
Internal iliac (hypogastric)
Superficial inguinal
Deep inguinal: Rosenmüller's or Cloquet's node

DISTANT, Direct Extension or Metastasis

Testis
Other distant involvement

DISTANT LYMPH NODE

*Except melanomas which are classified according to the staging scheme for melanoma.
Fig. 554. Anatomic sketch of the lymphatics of the bladder drained mainly by, 1, the external iliac nodes but also by, 2, hypogastric and, 3, common iliac nodes.

IN SITU: noninvasive; intraepithelial

LOCALIZED

L if:
1
Confinement to mucosa

L if:
2
Submucosa (subepithelial connective tissue; tunica propria; lamina propria) invaded

L if:
3
Superficial muscle (less than one half way through the muscle coat)

L if:
4
Deep muscle (half-way or more through the muscle coat)

L if:
X
Localized, NOS; no detailed information of above

REGIONAL, Direct Extension

R if:
1
Invasion of perivesical fat
Invasion of (through) serosa; peritoneum
Surrounding connective tissue (including periprostatic tissue); adjacent tissue, NOS

R if extension to:
2
Prostate, including prostatic urethra
Ureter
Vas deferens
Seminal vesicle
Rectovesical (Denonvillier’s) fascia

R if extension to:
3
Rectum, male
Parametrium and uterus, female
Bladder is "fixed"
Vagina
Pubic Bone
Urethra, female
REGIONAL, Lymph Nodes

Perivesical
Hypogastric
Iliac (common, internal, external)
Obturator
Sacral (lateral sacral, presacral, sacral promontory)
Pelvic, NOS; regional, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
  1 Tumor fixed to (invading) pelvic wall
  Abdominal wall
  Rectum, female
  Bones, excluding pubic bone
  Sigmoid

D if:
  2 Other distant involvement

DISTANT, Lymph Nodes

Aortic (para-aortic, periaortic, lumbar)
Inguinal
Other distant node(s)
LOCALIZED

L if tumor confined to:
1
Kidney cortex
Kidney medulla

L if:
2
Renal pelvis or calyces involved

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Perirenal tissue (fat)
Renal (Gerota's) fascia
Retroperitoneal soft tissues (retroperitoneal space)
Blood vessels: perirenal veins, extrarenal portion of renal
vein, aorta, renal artery, hilar blood vessels, vena cava
Adrenal gland, ipsilateral
Ureter, including implant(s), ipsilateral

R if:
2
Peritoneum
Diaphragm
Tail of pancreas
Ascending colon from right kidney
Descending colon from left kidney
Duodenum from right kidney

REGIONAL, Lymph Nodes

Hilar (small nodes at renal pelvis)
Lateral aortic (retroperitoneal)
KIDNEY (RENAI) APRIL, 1977
PARENCHYMA

890

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Kidney, bilateral
Ureter, contralateral
Adrenal gland, contralateral
Ribs
Stomach
Spleen
Liver

D if:

2
Other distant involvement

DISTANT, Lymph Nodes
IN_SITU: noninvasive; intraepithelial

LOCALIZED

Invasive cancer confined to:
Submucosa
Muculature

Localized, NOS

REGIONAL, Direct Extension

Peripelvic tissue
Retroperitoneal soft tissue (retroperitoneal space)
Major blood vessel(s): aorta, renal artery or vein, vena cava
Ureter, including implants
Kidney parenchyma
Adrenal gland
Duodenum from right renal pelvis

REGIONAL, Lymph Nodes

Hilar (renal hilus)
Lateral aortic (retroperitoneal)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Bladder
Spleen
Pancreas
Liver
Descending colon

D if:
2
Other distant involvement

DISTANT, Lymph Nodes
IN SITU: noninvasive; intrasplithelial

LOCALIZED

Invasive cancer confined to:
- Submucosa
- Musculature

Localized, NOS

REGIONAL, Direct Extension

- Periurethral tissue
- Retroperitoneal soft tissue (retroperitoneal space)
- Psoas muscle

- Implant(s) distal in ureter
- Bladder
- Kidney, ipsilateral

- Duodenum from right ureter
- Ascending colon from right ureter
- Descending colon from left ureter

REGIONAL, Lymph Nodes

- Periureteral
- Hypogastric
- Iliac (common, internal, external)
- Lateral aortic
- Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
1. Uterus
2. Pancreas
3. Implants in bladder
4. Prostate

D if:
2. Other distant involvement

DISTANT, Lymph Nodes
IN SITU: noninvasive

LOCALIZED

L if:
1
Confined to one lobe and/or isthmus

L if:
2
Both lobes involved
Thyroid gland capsule involved
Multiple foci but confined to thyroid gland

L if:
3
Through capsule of gland, but not beyond

L if:
x
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Pericapsular tissues
Strap muscle(s): sternothyroid, omohyoid, sternohyoid
Nerve(s): recurrent laryngeal, vagus

R if:
2
Major blood vessel(s): carotid artery, thyroid artery or vein,
jugular vein
Soft tissues of neck
Esophagus
Larynx, including thyroid and cricoid cartilages
Sternocleidomastoid muscle
Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Anterior deep cervical: prelaryngeal, pretracheal, laterotracheal
(recurrent)

Internal Jugular: subdigastric
Retropharyngeal
Cervical, NOS
D I S T A N T, Direct Extension or Metastasis

D if extension to:
1. Trachea
   Mediastinal tissues
   Skeletal muscle, other than strap muscles and sternocleidomastoid
   Bone

D if:
2. Other distant involvement

D I S T A N T, Lymph Nodes

Submandibular (submaxillary)
Submental
Other distant nodes
Stage I (Localized)

Confinement to one lymphatic region above or below the diaphragm

Stage II (Regional)

Involvement of more than one lymphatic region on only one side of the diaphragm

Stage III (Distant 1)

Involvement of lymphatic regions on both sides of the diaphragm

Stage IV (Distant 2)

Bone
Bone marrow
Lung and/or pleura
Liver
Kidney
Gastrointestinal tract (but not primary G.I.)
Skin lesions or subcutaneous nodules (but not primary skin)

SYSTEMIC SYMPTOMS

Night sweats
Unexplained fever
Pruritis
Unexplained weight loss

NOTE: Lymphoid tissue includes spleen, lingual and palatine tonsils, adenoids (pharyngeal tonsils), thymus and Waldeyer’s ring, NOS.
HODGKIN'S DISEASE and NON-HODGKIN'S LYMPHOMA** Revised July, 1983
Histology: 959 thru 969, 975
(Applicable to all primary site codes)

Stage I (Localized)

Confined to one lymphatic region above or below the diaphragm

OR

Confined to a single extranodal organ or site

Stage II (Regional)

Involvement of more than one lymphatic region on only one side of the diaphragm

OR

Involvement of an extranodal organ or site with
(1) direct extension to adjacent organs or tissues, or
(2) involvement of one or more lymphatic regions on the same side of the diaphragm, or (3) both (1) and (2)

Stage III (Distant)

Involvement of lymphatic regions on both sides of the diaphragm

OR

Involvement of an extranodal organ or site with involvement of lymphatic regions on opposite or both sides of the diaphragm

Stage IV (Distant)

Diffuse or disseminated involvement of one or more metastatic sites with or without associated lymph node enlargement

Bone
Bone marrow
Lung and/or pleura
Liver
Kidney

Gastrointestinal tract
Skin lesions or subcutaneous nodules
Brain
Eye

SYSTEMIC SYMPTOMS

Night sweats
Unexplained fever

Pruritis
Unexplained weight loss

**An alternative scheme for ONLY those hospitals wishing to stage lymphoma of extranodal sites. This scheme will not be used in the Certification Examination.