

Collaborative Stage for TNM 7 - Revised 01/21/2010

KidneyParenchyma

Kidney (Renal Parenchyma)

C64.9

- C64.9 Kidney, NOS (Renal parenchyma)
- Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 7
CS Extension	Size of Metastasis in Lymph Nodes
CS Tumor Size/Ext Eval	CS Site-Specific Factor 8
CS Lymph Nodes	Extranodal Extension of Regional
CS Lymph Nodes Eval	Lymph Nodes
Reg LN Pos	CS Site-Specific Factor 9 = 988
Reg LN Exam	CS Site-Specific Factor 10 = 988
CS Mets at DX	CS Site-Specific Factor 11 = 988
CS Mets Eval	CS Site-Specific Factor 12 = 988
CS Site-Specific Factor 1	CS Site-Specific Factor 13 = 988
Invasion Beyond Capsule	CS Site-Specific Factor 14 = 988
CS Site-Specific Factor 2	CS Site-Specific Factor 15 = 988
Vein Involvement	CS Site-Specific Factor 16 = 988
CS Site-Specific Factor 3	CS Site-Specific Factor 17 = 988
Ipsilateral Adrenal Gland	CS Site-Specific Factor 18 = 988
Involvement	CS Site-Specific Factor 19 = 988
CS Site-Specific Factor 4	CS Site-Specific Factor 20 = 988
Sarcomatoid Features	CS Site-Specific Factor 21 = 988
CS Site-Specific Factor 5	CS Site-Specific Factor 22 = 988
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CS Site-Specific Factor 6	CS Site-Specific Factor 24 = 988
Fuhrman Nuclear Grade	CS Site-Specific Factor 25 = 988
	Histology Inclusion Table AJCC 7th ed.
	Histology Exclusion Table AJCC 6th ed.
	AJCC TNM 7 Stage
	AJCC TNM 6 Stage
	Summary Stage
	Extension Size Table AJCC 6
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- Note: Code the specific tumor size as documented in the medical record. If the ONLY information regarding tumor size is the physician's statement of the T category, assign code 994, 995, 996 or 997. (Refer to the CS Extension table for instructions on coding extension).

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm" Stated as T1a with no other information on tumor size
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm" Stated as T1b with no other information on tumor size
996	Described as "7 cm or less" Stated as T1 [NOS] with no other information on tumor size
997	Described as "greater than 7 cm" Stated as T2 [NOS] or T2a with no other information on tumor size
998	Described as "greater than 10 cm" Stated as T2b with no other information on tumor size
999	Unknown; size not stated Not documented in patient record

Collaborative Stage for TNM 7 - Revised 01/19/2010 [[Schema](#)]**KidneyParenchyma****CS Extension**

- Note 1: The parenchyma of the kidney includes the following structures: cortex (outer layer of kidney) and renal columns; medulla, medullary rays, renal pyramids, and renal papillae; nephrons (renal corpuscle, loops of Henle, proximal and distal tubules, collecting duct), glomerulus, and Bowman's capsule. The most common site for renal parenchymal cancer to develop is in the proximal convoluted tubule. Tumor extension from one of these structures into another would be coded to 100 unless there were further signs of involvement.
- Note 2: Information about invasion beyond the capsule, venous involvement, and ipsilateral adrenal gland involvement is collected in this field and in Site-Specific Factors 1, 2 and 3 because beyond contributing to the overall assessment of extent of tumor, these factors can have an independent effect on prognosis.
- Note 3: ONLY assign code 300 (localized, NOS) when no further information is available to assign code 100, 200 or 310-360.
- Note 4: If the ONLY information regarding tumor extension is the physician's statement of the T category, assign code 310-360, 605, 610, 620, 625 or 810. (Refer to CS Tumor Size table for instructions on coding tumor size if assigning code 310-360).

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ	TX	TX	IS	IS
100	Invasive cancer confined to kidney cortex and/or medulla	^	*	L	L
200	Invasion of renal capsule Renal pelvis or calyces involved Separate focus of tumor in renal pelvis/calyx	^	*	L	L
300	Localized, NOS	^	*	L	L
310	Stated as T1a with no other information on extension	^	*	L	L
320	Stated as T1b with no other information on extension	^	*	L	L
330	Stated as T1 [NOS] with no other information on extension	^	*	L	L
340	Stated as T2a with no other information on extension	^	*	L	L
350	Stated as T2b with no other information on extension	^	*	L	L
360	Stated as T2 [NOS] with no other information on extension	^	*	L	L
390	OBSOLETE DATA CONVERTED V0200	ERROR	ERROR	ERROR	ERROR

	See code 625 Stated as T3, NOS				
400	OBSOLETE DATA RETAINED V0200 Adrenal (suprarenal gland), ipsilateral reclassified in AJCC 7th Edition; see codes 450 and 630 Adrenal (suprarenal) gland, ipsilateral Perirenal (perinephric) tissue/fat Renal (Gerota's) fascia Renal sinus fat Retroperitoneal soft tissue	ERROR	T3a	RE	RE
450	Perirenal (perinephric) tissue/fat Renal (Gerota's) fascia Renal sinus fat Retroperitoneal soft tissue	T3a	T3a	RE	RE
600	OBSOLETE DATA RETAINED V0200 Blood vessels reclassified in AJCC 7th Edition; see codes 601 and 610 Blood vessels: Extrarenal portion of renal vein or segmental (muscle containing) branches Hilar blood vessel Inferior vena cava below diaphragm Perirenal vein Renal artery Renal vein, NOS Tumor thrombus in a renal vein, NOS	ERROR	T3b	RE	RE
601	Blood vessels: Extrarenal portion of renal vein or segmental (muscle containing) branches Hilar blood vessel Perirenal vein Renal artery Renal vein, NOS Tumor thrombus in a renal vein, NOS	T3a	T3b	RE	RE
605	Stated as T3a with no other information on extension	T3a	T3a	RE	RE
610	Inferior vena cava below diaphragm Stated as T3b with no other information on extension	T3b	T3b	RE	RE
620	Vena cava above diaphragm or invades the wall of the vena cava Stated as T3c with no other information on extension	T3c	T3c	RE	RE

625	Vena cava, NOS Stated as T3 [NOS] with no other information on extension	T3NOS	T3NOS	RE	RE
630	Ipsilateral adrenal (suprarenal) gland (noncontiguous ipsilateral adrenal gland involvement is coded in CS Mets at DX)	T4	T3a	RE	RE
640	630 + (605 and/or 610) Ipsilateral adrenal gland plus blood vessels listed in code 605 and/or inferior vena cava below diaphragm	T4	T3b	RE	RE
645	630 + 620 Ipsilateral adrenal gland plus vena cava above diaphragm/wall of vena cava	T4	T3c	RE	RE
650	Extension beyond Gerota's fascia to: Ascending colon from right kidney Descending colon from left kidney Diaphragm Duodenum from right kidney Peritoneum Tail of pancreas Ureter, including implant(s), ipsilateral Beyond Gerota's fascia, NOS	T4	T4	RE	RE
670	Extension beyond Gerota's fascia to: Psoas muscle Quadratus lumborum muscle	T4	T4	D	RE
700	Ribs	T4	T4	D	D
750	Liver Spleen Stomach	T4	T4	D	D
800	Further contiguous extension Aorta Other direct extension	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 Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For codes 100, 200, 300, 310, 320, 330, 340, 350, and 360 ONLY, the T category for AJCC 7 is assigned based on the value of tumor size, as shown in the Extension Size Table AJCC 7 for this site.

* For codes 100, 200, 300, 310, 320, 330, 340, 350, and 360 ONLY, the T category for AJCC 6 is assigned based on the value of tumor size, as shown in the Extension Size Table AJCC 6 for this site.

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CS Tumor Size/Ext Eval

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging: No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	Does not meet criteria for AJCC pathologic staging: No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	c
2	Meets criteria for AJCC pathologic staging: No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)	p
3	Either criteria meets AJCC pathologic staging: Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed AND Evaluation based on evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. No surgical resection done. Evaluation based on positive biopsy of highest T classification.	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging: Surgical resection performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).	c
6	Meets criteria for AJCC y-pathologic (yp) staging: Surgical resection performed AFTER neoadjuvant therapy AND tumor size/extension based on pathologic evidence, because pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp
8	Meets criteria for autopsy (a) staging: Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

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- 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 unilateral, bilateral or contralateral involvement of named node(s).

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Single regional lymph node: Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Preaortic Retroaortic Renal hilar Retroperitoneal, NOS Regional lymph node(s), NOS	N1	N1	RN	RN
110	Single regional lymph node: Interaortocaval Pericaval, NOS Paracaval Precaval Retrocaval	N1	N1	D	RN
150	110 + 100 Single regional lymph node as specified in code 110 plus single regional lymph node as specified in code 100	N1	N2	D	RN
400	More than one regional lymph node other than as defined in code 150	N1	N2	D	RN
700	Regional lymph node(s), NOS Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

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CS Lymph Nodes Eval

- Note 1: This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the diagnostic methods employed and their intent.
- Note 2: In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.
 - A. Microscopic assessment including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging. When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).
 - B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).
- Note 3: Microscopic assessment of the highest N category is always pathologic (code 3).
- Note 4: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.
- Note 5: Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

0	<p>Does not meet criteria for AJCC pathologic staging:</p> <p>No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.</p>	c
1	<p>Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria:</p> <p>No regional lymph nodes removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation, without biopsy. No autopsy evidence used.</p> <p>OR</p> <p>Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup, WITHOUT removal of the primary site adequate for pathologic T classification (treatment).</p>	c

2	<p>Meets criteria for AJCC pathologic staging:</p> <p>No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).</p>	p
3	<p>Meets criteria for AJCC pathologic staging based on at least one of the following criteria:</p> <p>Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification (treatment) or biopsy assessment of the highest T category.</p> <p>OR</p> <p>Any microscopic assessment of a regional node in the highest N category, regardless of the T category information.</p>	p
5	<p>Does not meet criteria for AJCC y-pathologic (yp) staging:</p> <p>Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).</p>	c
6	<p>Meets criteria for AJCC y-pathologic (yp) staging:</p> <p>Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment.</p>	yp
8	<p>Meets criteria for AJCC autopsy (a) staging:</p> <p>Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.</p>	a
9	<p>Unknown if lymph nodes removed for examination</p> <p>Not assessed; cannot be assessed</p> <p>Unknown if assessed</p> <p>Not documented in patient record</p>	

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CS Mets at DX

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
10	Distant lymph node(s)	M1	M1	D	D
40	Noncontiguous ipsilateral adrenal (suprarenal) gland metastasis (contiguous involvement is coded in CS Extension code 630) Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	M1	D	D
50	40 + 10 Other distant metastases plus distant lymph node(s)	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on metastases	M1	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

KidneyParenchyma CS Mets Eval

- Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging of distant metastasis: Evaluation of distant metastasis based on physical examination, imaging examination, and/or other non-invasive clinical evidence. No pathologic examination of metastatic tissue performed or pathologic examination was negative.	c
1	Does not meet criteria for AJCC pathologic staging of distant metastasis: Evaluation of distant metastasis based on endoscopic examination or other invasive technique, including surgical observation without biopsy. No pathologic examination of metastatic tissue performed or pathologic examination was negative.	c
2	Meets criteria for AJCC pathologic staging of distant metastasis: No pathologic examination of metastatic specimen done prior to death, but positive metastatic evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Meets criteria for AJCC pathologic staging of distant metastasis: Specimen from metastatic site microscopically positive WITHOUT pre-surgical systemic treatment or radiation OR specimen from metastatic site microscopically positive, unknown if pre-surgical systemic treatment or radiation performed OR specimen from metastatic site microscopically positive prior to neoadjuvant treatment.	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging of distant metastasis: Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on clinical evidence.	c
6	Meets criteria for AJCC y-pathologic (yp) staging of distant metastasis: Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence.	yp
8	Meets criteria for AJCC autopsy (a) staging of distant metastasis: Evidence from autopsy based on examination of positive metastatic tissue AND tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

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CS Site-Specific Factor 1 Invasion Beyond Capsule

- Note 1: Record the location of invasion beyond capsule as documented in the pathology report. Assign code 000 if surgical resection of primary site is performed, pathology report is available for review, and invasion beyond capsule is not mentioned.
- Note 2: Information about invasion beyond the capsule is collected in this field and in CS Extension because beyond contributing to the overall assessment of extent of tumor, it may be an independent predictor of outcome.

Code	Description
000	Invasion beyond capsule not present/not identified
010	Lateral invasion Perinephric fat
020	Medial invasion Renal sinus Perisinus fat
030	020 + 010 Medial invasion plus lateral invasion Renal sinus/perisinus fat invasion plus perinephric fat invasion
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
998	No surgical resection of primary site
999	Unknown or no information Not documented in patient record

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CS Site-Specific Factor 2 Vein Involvement

- Note 1: Record the involvement of specific named veins as documented in the pathology report. Do not code invasion of small unnamed vein(s) of the type collected as lymph-vascular invasion. The latter is usually only seen microscopically. Assign code 000 if surgical resection of primary site is performed, pathology report is available for review, and involvement of these specified veins is not mentioned.
- Note 2: Information about vein involvement is collected in this field and in CS Extension because beyond contributing to the overall assessment of extent of tumor, it can have an independent effect on prognosis.

Code	Description
000	Vein involvement not present/not identified
010	Involvement of renal vein only
020	Involvement of inferior vena cava (IVC) below the diaphragm only
030	Involvement of inferior vena cava (IVC) above the diaphragm only
040	Involvement of inferior vena cava (IVC) NOS only
050	020 + 010 Involvement of IVC below the diaphragm plus involvement of renal vein
060	030 + 010 Involvement of IVC above the diaphragm plus involvement of renal vein
070	040 + 010 Involvement of IVC, NOS plus involvement of renal vein
080	030 + 020 Involvement of IVC above the diaphragm plus involvement of IVC below the diaphragm
090	030 + 020 + 010 Involvement of IVC above the diaphragm plus involvement of IVC below the diaphragm plus involvement of renal vein
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSV1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
998	No surgical resection of primary site
999	Unknown or no information Not documented in patient record

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CS Site-Specific Factor 3

Ipsilateral Adrenal Gland Involvement

- Note 1: Record the ipsilateral adrenal gland involvement as documented in the pathology report.
- Note 2: Information about contiguous ipsilateral adrenal gland involvement is collected in this field and in CS Extension because beyond contributing to the overall assessment of extent of tumor, it can have an independent effect on prognosis. Noncontiguous ipsilateral adrenal gland involvement is captured in this field and CS Mets at DX code 40.

Code	Description
000	Ipsilateral adrenal gland involvement not present/not identified
010	Contiguous involvement of ipsilateral adrenal gland
020	Noncontiguous involvement of ipsilateral adrenal gland
030	020 + 010 Noncontiguous plus contiguous involvement of ipsilateral adrenal gland
040	Involvement of ipsilateral adrenal gland, not stated whether contiguous or noncontiguous
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
999	Unknown or no information Not documented in patient record

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CS Site-Specific Factor 4 Sarcomatoid Features

- Note: Sarcomatoid morphology may be manifested by any renal cell carcinoma. The presence of sarcomatoid component in a renal cell carcinoma may be prognostically important. Record the presence or absence of sarcomatoid features as documented anywhere in the pathology report. Assign code 000 if histologic examination of primary site was performed, pathology report is available for review, and sarcomatoid features are not mentioned.

Code	Description
000	Sarcomatoid features not present/not identified
010	Sarcomatoid features present/identified
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
987	Not applicable; not a renal cell carcinoma morphology
998	No histologic examination of primary site
999	Unknown or no information Not documented in patient record

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CS Site-Specific Factor 5 Histologic Tumor Necrosis

- Note: Tumor necrosis is an independent predictor of outcome for renal cell carcinoma. Record the presence or absence of tumor necrosis as documented in the pathology report. Assign code 000 if histologic examination of primary site was performed, pathology report is available for review, and histologic tumor necrosis is not mentioned.

Code	Description
000	No histologic tumor necrosis present/not identified
010	Histologic tumor necrosis present/identified
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
998	No histologic examination of primary site
999	Unknown or no information Not documented in patient record

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CS Site-Specific Factor 6 Fuhrman Nuclear Grade

- Note: Fuhrman grade is based on nuclear size and shape and the prominence of nucleoli. Record the Fuhrman nuclear grade as documented in the pathology report.

Code	Description
010	Grade 1
020	Grade 2
030	Grade 3
040	Grade 4
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
987	Not applicable; not a renal cell carcinoma morphology
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
998	No histologic examination of primary site
999	Unknown Fuhrman grade Not documented in patient record

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CS Site-Specific Factor 7 Size of Metastasis in Lymph Nodes

- Note: Code the size of the metastasis in the lymph node as documented in the pathology report, not the size of the lymph node itself. If the size of the metastasis is not documented, code the size of the involved lymph node itself as documented pathologically or clinically with pathology taking priority. Do not code the size of any node(s) coded in CS Mets at DX.

Code	Description
000	No regional lymph node(s) involved
001-979	1-979 mm (exact size of lymph node metastasis in millimeters)
980	980 mm or larger
988	Not applicable: Information not collected for this case
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm" or "greater than 1 cm" or "between 1 cm and 2 cm"
993	Described as "less than 3 cm" or "greater than 2 cm" or "between 2 cm and 3 cm"
994	Described as "less than 4 cm" or "greater than 3 cm" or "between 3 cm and 4 cm"
995	Described as "less than 5 cm" or "greater than 4 cm" or "between 4 cm and 5 cm"
996	Described as "less than 6 cm" or "greater than 5 cm" or "between 5 cm and 6 cm"
997	Described as "more than 6 cm"
998	No histologic examination to determine ipsilateral adrenal gland involvement
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

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CS Site-Specific Factor 8 Extranodal Extension of Regional Lymph Nodes

- Note 1: Code the status of extranodal extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extranodal extension in any nodes coded in CS Mets at DX field.
- Note 2: A statement of the presence or absence of extranodal extension in a pathology report takes priority over clinical assessment.
- Note 3: If nodes are involved but the clinical documentation and/or pathologic assessment does not indicate extranodal extension, assign code 010 (no extranodal extension documented on the available reports).
- Note 4: If the only documentation is a reference to clinically or pathologically involved nodes with no reference to extranodal extension, assign code 030 (no physical exam/imaging report and/or no pathology report available).

Code	Description
000	No lymph nodes involved
010	No extranodal extension Nodes described as mobile
020	Extranodal extension present Nodes described as fixed or matted
030	Nodes involved, unknown if extranodal extension
988	Not applicable: Information not collected for this case
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record