DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Tumor Size

- Note 1: Do not code size of hilar mass unless primary is stated to be in the hilum.
- Note 2: The descriptions in codes 997 and 998 take precedence over any mention of size.
- Note 3: Use code 992 or 993 if the physician's statement about T value is the only information available about the size of the tumor for T1a, T1b or T1 [NOS].

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, 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" Stated as T1a with no other information on size
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm" Stated as T1b or T1 [NOS] with no other information on size
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	Malignant cells present in bronchopulmonary secretions, but no tumor seen radiographically or during bronchoscopy; "occult" carcinoma
997	Diffuse (entire lobe)

998	Diffuse (entire lung or NOS)
999	Unknown; size not stated Not documented in patient record

Please click here if you would like to email a comment about the content of this table.

DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Extension

- Note 1: Direct extension to or other involvement of structures considered M1 in AJCC staging is coded in the data item CS Mets at DX. This includes: sternum; skeletal muscle; skin of chest; contralateral lung or mainstem bronchus; separate tumor nodule(s) in contralateral lung.
- Note 2: Distance from Carina. Assume tumor is greater than or equal to 2 cm from carina if lobectomy, segmental resection, or wedge resection is done.
- Note 3: Opposite Lung. If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.
- Note 4: Bronchopneumonia. "Bronchopneumonia" is not the same thing as "obstructive pneumonitis" and should not be coded as such.
- Note 5: Pulmonary Artery/Vein. An involved pulmonary artery/vein in the mediastinum is coded to 700 (involvement of major blood vessel). However, if the involvement of the artery/vein appears to be only within lung tissue and not in the mediastinum, it would not be coded to 700.
- Note 6: Vocal cord paralysis (resulting from involvement of recurrent branch of the vagus nerve), superior vena cava obstruction, or compression of the trachea or the esophagus may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use code 700 for these manifestations. HOWEVER, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, vena cava obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 200) in CS Lymph Nodes unless there is a statement of involvement by direct extension from the primary tumor.
- Note 7: Pleural effusion and pericardial effusion are coded under CS Mets at DX.
- Note 8: In some cases, the determination of the T category for TNM 6th or 7th is based on this field and CS Mets at DX or SSF #1.
- Note 9: Code to the highest applicable code for extension and then code the absence or presence of separate ipsilateral tumor nodules in SSF 1: Separate Tumor Nodules/Ipsilateral lung. Code separate tumor nodules in contralateral lung in Mets at Dx.
- Note 10: The visceral pleura invasion Code 450 in CSv1 has been further

defined in CSv2 in Codes 410-440. This is due to introduction of elastic layer involvement that was found to have prognostic factor in lung cancer cases per AJCC 7th edition.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; noninvasive; intraepithelial	^	*	IS	IS
100	Tumor confined to one lung, WITHOUT extension or conditions described in codes 200-800 (excluding primary in main stem bronchus)(EXCLUDES superficial tumor as described in code 110)	^	*	L	L
110	Superficial tumor of any size with invasive component limited to bronchial wall, with or without proximal extension to the main stem bronchus	^	*	L	L
115	Stated as T1a with no other information on extension	^	*	L	L
120	Stated as T1b with no other information on extension	^	*	L	L
125	Stated as T1[NOS] with no other information on extension	^	*	L	L
200	Extension from other parts of lung to main stem bronchus, NOS (EXCLUDES superficial tumor as described in code 110) Tumor involving main stem bronchus greater than or equal to 2.0 cm from carina (primary in lung or main stem bronchus)	^	*	L	L
210	Tumor involving main stem bronchus, NOS (distance from carina not stated and no surgery as described in Note 2)	^	*	L	L
230	Tumor confined to hilus	^	*	L	L
250	Tumor confined to the carina	^	*	L	L

300	Localized, NOS	^	*	L	L
400	Atelectasis/obstructive pneumonitis that extends to the hilar region but does not involve the entire lung (or atelectasis/obstructive pneumonitis, NOS) WITHOUT pleural effusion	^	*	RE	RE
410	Extension to (but not into) pleura, including invasion of elastic layer, but not through the elastic layer.	^	*	RE	RE
420	Invasion of pleura, including invasion through the elastic layer	^	*	RE	RE
430	Invasion of pleura, NOS	^	*	RE	RE
440	Pulmonary ligament	^	*	RE	RE
450	OBSOLETE DATA RETAINED V0200 Extension to: Pleura, visceral or NOS (WITHOUT pleural effusion) Pulmonary ligament (WITHOUT pleural effusion)	ERROR	*	RE	RE
455	Stated as T2a with no other information on extension	^	*	RE	RE
460	Stated as T2b with no other information on extension	^	*	RE	RE
465	Stated as T2 [NOS] with no other information on size or extension	^	*	RE	RE
500	Tumor of/involving main stem bronchus less than 2.0 cm from carina	^	T3	L	RE
520	(500) + (400)	^	*	RE	RE
530	OBSOLETE DATA RETAINED V0200 (450) + (500)	ERROR	*	RE	RE
540	(500) + any of (410-440)	^	*	RE	RE
550	Atelectasis/obstructive pneumonitis involving entire lung	^	*	RE	RE
560	Parietal pericardium or pericardium, NOS	^	*	RE	RE

570	Stated as T3 [NOS] with no other information on extension	^	*	RE	RE
590	Invasion of phrenic nerve	^	*	RE	RE
600	Direct extension to: Brachial plexus, inferior branches or NOS, from superior sulcus Chest (thoracic) wall Diaphragm Pancoast tumor (superior sulcus syndrome), NOS Parietal pleura Note: For separate lesion in chest wall or diaphragm, see CS Mets at DX.	^	*	D	RE
610	Superior sulcus tumor WITH encasement of subclavian vessels OR WITH unequivocal involvement of superior branches of brachial plexus (C8 or above)	^	*	D	RE
650	OBSOLETE DATA RETAINED V0200 Separate tumor nodules now coded in SSF #1 in AJCC 7th Edition Multiple masses/separate tumor nodule (s) in the SAME lobe "Satellite nodules" in SAME lobe	ERROR	T4	L	RE
700	Blood vessel(s), major (EXCEPT aorta and inferior vena cava, see codes 740 and 770) Azygos vein Pulmonary artery or vein Superior vena cava (SVC syndrome) Carina from lung/mainstem bronchus Compression of esophagus or trachea not specified as direct extension Esophagus Mediastinum, extrapulmonary or NOS Nerve(s): Cervical sympathetic (Horner's syndrome) Recurrent laryngeal (vocal cord paralysis)	T4	*	RE	RE

	Vagus Trachea				
710	Heart Visceral pericardium	T4	*	D	D
720	OBSOLETE DATA RETAINED V0200 Pleural effusion reclassified as distant metastasis in AJCC 7th Edition, see CS Mets at DX code 15 Malignant pleural effusion Malignant pleural effusion Pleural effusion, NOS	ERROR	T4	D	D
730	Adjacent rib See also code 785	^	*	D	D
740	Aorta	T4	*	D	RE
745	(740) + (710)	T4	*	D	D
750	Vertebra(s) Neural foramina	T4	*	D	D
760	OBSOLETE DATA RETAINED V0200 Pleural tumor foci separate from direct pleural invasion	ERROR	*	D	D
770	Inferior vena cava	T4	*	D	D
780	OBSOLETE DATA RETAINED V0200 730 plus any of (610-720) or (740-770)	ERROR	*	D	D
785	OBSOLETE DATA RETAINED V0200 Pleural tumor foci separate from direct pleural invasion	ERROR	*	D	D
790	OBSOLETE DATA RETAINED V0200 Pericardial effusion reclassified as distant metastasis in AJCC 7th Edition, see CS Mets at DX code 20 Pericardial effusion, NOS; malignant pericardial effusion	ERROR	T4	D	D
795	Stated as T4 [NOS] with no other information on extension	T4	*	D	D
800	Further contiguous extension (except to structures specified in CS Mets at DX codes 23 and 37)	T4	*	D	D

950	No evidence of primary tumor	^	*	U	U
980	Tumor proven by presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy; "occult" carcinoma	^	*	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	^	*	U	U

- * The T category is assigned based on the value of the tumor size, extension and Site Specific Factor #1, as shown in the extension size table for 6th edition.
- ^ The T category is assigned based on the value of the tumor size, extension and Site Specific Factor #1, as shown in the extension size table for 7th edition.

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DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Tumor Size/Ext Eval

Code	Description	Staging Basis 7	Staging Basis 6
0	Does not meet criteria for AJCC pathologic staging: Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No surgical resection done.	c	c
1	Does not meet criteria for AJCC pathologic staging: Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques, including surgical observation without biopsy. No surgical resection done.	c	p
2	Meets criteria for AJCC pathologic staging: Evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy). No surgical resection done.	p	p
3	Either meets criteria for AJCC pathologic staging: A. 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. B. No surgical resection done. Evaluation based	p	p

	on positive biopsy of highest T classification.		
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	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.	y	y
8	Meets criteria for autopsy (a) staging: Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c	c

Please click here if you would like to email a comment about the content of this table.

DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Lymph Nodes

- Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX. For illustration of nodes stations, see Part I.
- Note 2: If at mediastinoscopy/x-ray, the description is "mass", "adenopathy", or "enlargement" of any of the lymph nodes named as regional in codes 100 and 200, assume that at least regional lymph nodes are involved. If there is any mention of bilateral or contralateral mass, adenopathy or lymph node involvement , use code 600.
- Note 3: The words "no evidence of spread" or "remaining examination negative" are sufficient information to consider regional lymph nodes negative in the absence of any statement about nodes.
- Note 4: Vocal cord paralysis (resulting from involvement of recurrent branch of the vagus nerve), superior vena cava obstruction, or compression of the trachea or the esophagus may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use CS Extension code 700 for these manifestations and not CS lymph nodes . HOWEVER, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, vena cava obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 200) in CS Lymph Nodes unless there is a statement of involvement by direct extension from the primary tumor.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE

100	Regional lymph nodes, ipsilateral: Bronchial Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Intrapulmonary nodes, including involvement by direct extension: Interlobar Lobar Segmental Subsegmental Peri/parabronchial Stated as N1	N1	N1	RN	RN
200	Regional lymph nodes, ipsilateral: Aortic [above diaphragm], NOS: Peri/para-aortic, NOS: Ascending aorta (phrenic) Subaortic (aortico-pulmonary window) Carinal (tracheobronchial) (tracheal bifurcation) Mediastinal, NOS: Anterior Posterior (tracheoesophageal) Pericardial Peri/paraesophageal Peri/paratracheal, NOS: Azygos (lower peritracheal) Pre- and retrotracheal, NOS: Precarinal Pulmonary ligament Subcarinal Stated as N2	N2	N2	RN	RN
500	Regional lymph node(s), NOS	N1	N1	RN	RN

600	Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Contralateral/bilateral mediastinal Scalene (inferior deep cervical), ipsilateral or contralateral Supraclavicular (transverse cervical), ipsilateral or contralateral Stated as N3	N3	N3	D	D
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

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DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Lymph Nodes Eval

- Note: This item reflects the validity of the classification of the item CS Lymph Nodes only according to diagnostic methods employed.

Code	Description	Staging Basis 7	Staging Basis 6
0	Does not meet criteria for AJCC pathologic staging: No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c	c
1	Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: 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. OR 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).	c	p

2	Meets criteria for AJCC pathologic staging: No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p	p
3	Meets criteria for AJCC pathologic staging based on at least one of the following criteria: 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. OR Any microscopic assessment of a regional node in the highest N category, regardless of the T category information.	c	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging: 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).	c	c
6	Meets criteria for AJCC y-pathologic (yp) staging: 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.	y	y
8	Meets criteria for AJCC autopsy (a) staging: Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a	a

9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c	c

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DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 03/30/2009 [Schema]*

Lung

Reg LN Pos

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

Code	Description
00	All nodes examined negative.
01-89	1 - 89 nodes positive (code exact number of nodes positive)
90	90 or more nodes positive
95	Positive aspiration or core biopsy of lymph node(s)
97	Positive nodes - number unspecified
98	No nodes examined
99	Unknown if nodes are positive; not applicable Not documented in patient record

Please click here if you would like to email a comment about the content of this table.

DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 03/02/2009 [Schema]*

Lung

Reg LN Exam

Code	Description
00	No nodes examined
01-89	1 - 89 nodes examined (code exact number of regional lymph nodes examined)
90	90 or more nodes examined
95	No regional nodes removed, but aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as sampling and number of nodes unknown/not stated
97	Regional lymph node removal documented as dissection and number of nodes unknown/not stated
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	Unknown if nodes were examined; not applicable or negative Not documented in patient record

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DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Mets at DX

- Note 1 Most pleural (and pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathologic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and is not an exudates. Where these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the tumor should be classified as M0.
- Note 2: For contralateral (different lung) pleural effusion, use code 16 instead of code 40. For bilateral (same and different lung) pleural effusion, use 17 instead of code 40.
- Note 3: Code 10 for Distant Lymph node(s), including cervical nodes, has been made obsolete. All previously coded cases with code 10 need to be converted to code 30.
- Note 4: Code 39 for Extension to contralateral lung and Separate tumor nodule (s) in contralateral lung, has been made obsolete. All previously coded cases with code 39 need to be converted to code 23.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	^	*	NONE	NONE
10	OBSOLETE DATA CONVERTED V0200 See code 30 Distant lymph node(s), including cervical nodes	ERROR	ERROR	ERROR	ERROR
15	Malignant pleural effusion, ipsilateral or same lung	M1a	*	D	D
16	Malignant pleural effusion, contralateral or different lung	M1a	M1	D	D
17	Malignant pleural effusion, ipsilateral and contralateral lung (bilateral pleural effusion)	M1a	M1	D	D

18	Malignant pleural effusion, unknown if ipsilateral or contralateral lung	M1a	*	D	D
20	Malignant pericardial effusion	M1a	*	D	D
23	Extension to: Contralateral lung Contralateral main stem bronchus Separate tumor nodule(s) in contralateral lung	M1a	M1	D	D
24	Pleural tumor foci or nodules separate from direct invasion	M1a	*	D	D
25	23 + any of [15, 17, 18, 20, 24] Extension to contralateral lung + Pleural or Pericardial effusion	M1a	*	D	D
26	Stated as M1a with no other information on distant metastases	M1a	M1	D	D
30	Distant lymph node(s), including cervical nodes	M1b	M1	D	D
32	Distant lymph nodes + Pleural or Pericardial effusion 30 + any of [15, 17, 18, 20]	M1b	*	D	D
33	Distant lymph nodes + Pleural tumor foci 30 + 24	M1b	*	D	D
35	OBSOLETE DATA RETAINED V0200 Separate tumor nodules now coded in SSF #1 in AJCC 7th Edition Separate tumor nodule(s) in different lobe, same lung	ERROR	M1	L	D
37	Extension to: Skeletal muscle Sternum Skin of chest	M1b	M1	D	D

39	OBSOLETE DATA CONVERTED V0200 See code 23 Extension to: Contralateral lung Contralateral main stem bronchus Separate tumor nodule(s) in contralateral lung	ERROR	ERROR	ERROR	ERROR
40	Abdominal organs Distant metastases except distant lymph node(s) (code 30) or those specified in codes 23 and 37, including: Separate lesion in chest wall or diaphragm Distant metastasis, NOS Carcinomatosis	M1b	M1	D	D
42	Distant metastases + Pleural or Pericardial effusion [(37) or (40)] + any of [15, 17, 18, 20]	M1b	*	D	D
43	Distant mets + Pleural tumor foci [(37) or (40)] + 24	M1b	*	D	D
50	OBSOLETE DATA RETAINED V0200 Distant metastases + Distant node(s) (10) + any of [(35) to (40)]	ERROR	M1	D	D
51	Distant metastases + Distant lymph node(s) [(37) or (40)] + 30	M1b	M1	D	D
52	Distant metastases + Distant lymph nodes + Pleural or Pericardial effusion 51 + any of [15, 17, 18, 20]	M1b	*	D	D
53	Distant metastases + Distant lymph nodes + Pleural tumor foci 51 + 24	M1b	*	D	D
70	Stated as M1b with no other information on distant metastases	M1b	M1	D	D
75	Stated as M1[NOS] with no other information on distant metastases	M1NOS	M1	D	D

99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	^ ^	**	U	U

- ^ For CS Mets at DX code 00 only, the M category is assigned based on the value of CS Tumor Size, using the Mets Size Table for Mets at DX code 00 for this site.
- ^ ^ For CS Mets at DX code 99 only, the M category is assigned on the value of CS Tumor Size, using the Mets Size Table for Mets at DX code 99 for this site.
- * The Mets at Dx category is assigned based on the value of CS Tumor Size, Extension and Mets as shown in the Tumor Size, Extension, and Mets table.
- ** The Mets at Dx category is assigned based on the value of CS Tumor Size, Extension and Mets as shown in the Tumor Size, Extension, and Mets table.

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DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 08/10/2009 [Schema]*

Lung

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.	y
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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DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Site-Specific Factor 1
Separate Tumor Nodules / Ipsilateral Lung

- Note 1: Separate tumor nodules in the ipsilateral lung are coded separately from CS Extension. Separate tumor nodules in the contralateral lung are coded in Mets at DX.
- Note 2: Separate tumor nodules can be defined clinically (imaging) or pathologically.
- Note 3: If separate tumor nodules are not mentioned in imaging and/or pathological reports, then code 000.

Code	Description
000	No separate tumor nodules noted
010	Separate tumor nodules in ipsilateral lung, same lobe
020	Separate tumor nodules in ipsilateral lung, different lobe
030	(020 + 010) Separate tumor nodules, ipsilateral lung, same and different lobe
040	Separate tumor nodules, ipsilateral lung, unknown if same or different lobe
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site
988	OBSOLETE DATA CONVERTED AND RETAINED V0200 Not applicable for this site (conversion of code 888 from CS Version 1)
999	Unknown if separate tumor nodules Not documented in patient record Cannot be assessed

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DRAFT IN PROCESS *Collaborative Stage for TNM 7 - Revised 10/20/2009 [Schema]*

Lung

CS Site-Specific Factor 2
Visceral Pleural Invasion (VPI)/Elastic Layer

- Note 1: AJCC's TNM, 7th ed., includes a newly standardized and precise definition of visceral pleural invasion (abbreviated as PL). There are four categories:
  PL0 tumor that is surrounded by lung parenchyma or invades superficially into the pleural connective tissue beneath the elastic layer but falls short of completely traversing the elastic layer of the pleura
  PL1 tumor that invades beyond the elastic layer
  PL2 tumor that extends to the surface of the visceral pleura
  PL3 invasion of the parietal pleura

  Categories PL1 and PL2 are considered pleural invasion for staging and are classified as T2. PL3 is classified as T3. PL0 is not considered pleural invasion for TNM staging and the T category is assigned based on other criteria.

  When pathologists have difficulty assessing the relationship of the tumor to the elastic layer on routine H&E stains, they may perform a special elastic stain to make the determination.
- Note 2: Code results as stated on pathology report. Code 998 if no pathologic examination of pleura.
- Note 3: Metastasis to the pleura, that is pleural tumor foci or nodules separate from direct invasion, are not coded here. See code 24 in Mets at Dx.

Code	Description
000	No evidence of visceral pleural invasion Tumor does not completely traverse the elastic layer (PL 0)
010	Invasion beyond the visceral elastic pleura, but limited to the pulmonary pleura Tumor extends through the elastic layer (PL 1)
020	Invasion to the surface of the pulmonary pleura Tumor extends to the surface of the visceral pleura (PL 2)

030	Tumor extends to the parietal pleura (PL 3)
040	Invasion of Pleura, NOS
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site
988	OBSOLETE DATA CONVERTED AND RETAINED V0200 Not applicable for this site (conversion of code 888 from CS Version 1)
998	No histologic examination of pleura
999	Unknown if visceral pleural invasion is present Not documented in patient record Cannot be assessed

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Collaborative Stage for TNM 7 - Revised 06/30/2008 [Schema]

Lung

CS Site-Specific Factor 3

Code	Description
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site
988	Not applicable for this schema

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Collaborative Stage for TNM 7 - Revised 06/30/2008 [Schema]

Lung

CS Site-Specific Factor 4

Code	Description
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site
988	Not applicable for this schema

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Collaborative Stage for TNM 7 - Revised 06/30/2008 [Schema]

Lung

CS Site-Specific Factor 5

Code	Description
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site
988	Not applicable for this schema

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Collaborative Stage for TNM 7 - Revised 06/30/2008 [Schema]

Lung

CS Site-Specific Factor 6

Code	Description
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site
988	Not applicable for this schema

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