



## MerkelCellSkin

### CS Tumor Size

- 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 992, 995 or 996.

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" Stated as T1 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"
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" Stated as T2 with no other information on size
996	Described as "greater than 5 cm" Stated as T3 with no other information on size
999	Unknown; size not stated Not documented in patient record

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## MerkelCellSkin

### CS Extension

- Note 1: In the case of multiple simultaneous tumors, code the tumor with greatest extension.
- Note 2: Skin ulceration does not alter the Collaborative Stage classification.
- Note 3: In-transit metastasis is coded in the CS Lymph Nodes field.
- Note 4: If the ONLY information regarding the tumor extension is the physician's statement of the T category, assign code 600, 610, or 620. (Refer to CS Tumor Size table for instructions on coding tumor size).

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ: noninvasive	Tis	Tis	IS	IS
100	Lesion(s) confined to dermis	^	*	L	L
400	Localized, NOS	^	*	L	L
500	Subcutaneous tissue (through entire dermis)	^	*	L	L
600	Stated as T1 with no other information on extension	^	*	L	L
610	Stated as T2 with no other information on extension	^	*	L	L
620	Stated as T3 with no other information on extension	^	*	L	L
700	Underlying cartilage, bone, skeletal muscle	T4	T4	D	RE
800	Further contiguous extension	T4	T4	D	D
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 Extension codes 100, 400, 500, 600, 610 and 620 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this site.
- \* For Extension codes 100, 400, 500, 600, 610 and 620 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this site.

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## MerkelCellSkin

### 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	p

	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
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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## MerkelCellSkin

### CS Lymph Nodes

- Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.
- Note 2: In-transit metastasis is defined as a tumor distinct from the primary lesion and located either between the primary lesion and the draining regional lymph nodes or distal to the primary lesion. In-transit metastasis is coded in the CS Lymph Nodes field.
- Note 3: According to AJCC, "there is no lower threshold of tumor burden defining the presence of regional nodal metastasis. Specifically, nodal tumor deposits less than 0.2 mm in diameter (previously used as the threshold for defining nodal metastasis), are included in the staging of nodal disease as a result of the consensus that smaller volumes of metastatic tumor are still clinically significant". This means that any finding of Merkel cell carcinoma in lymph nodes, regardless of size and including isolated tumor cells (ITCs), should be coded positive lymph nodes in this field.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
	Regional lymph nodes by primary site (includes bilateral or contralateral nodes for head, neck, and trunk) Head and Neck: All subsites: Cervical Lip: Mandibular, NOS: Submandibular (submaxillary) External ear/auditory canal: Mastoid (post-/retro-auricular) (occipital) Preauricular				

Face, Other (cheek, chin, forehead,  
jaw, nose and temple):

Facial, NOS:

Buccinator (buccal)

Nasolabial

Mandibular, NOS:

Submandibular (submaxillary)

Parotid, NOS:

Infra-auricular

Preauricular

Scalp:

Mastoid (post-/retro-auricular)

(occipital)

Parotid, NOS:

Infra-auricular

Preauricular

100

Spinal accessory (posterior

cervical)

Neck:

Axillary

Mandibular, NOS

Mastoid (post-/retro-auricular)

(occipital)

Parotid, NOS:

Infra-auricular

Preauricular

Spinal accessory (posterior

cervical)

Supraclavicular (transverse

cervical)

Upper Trunk:

Axillary

Cervical

Internal mammary (parasternal)

Supraclavicular (transverse cervical)

Lower Trunk:

Femoral (superficial inguinal)

Arm/Shoulder:

Axillary

Epitrochlear for hand/forearm

Spinal accessory for shoulder

Leg/Hip:

Femoral (superficial inguinal)

^

N1

RN

RN

	Popliteal for heel and calf All sites: Regional lymph node(s), NOS				
200	Head and Neck: Lip: Facial, NOS: Buccinator (buccal) Nasolabial Submental Parotid, NOS: Infra-auricular Preauricular Face, Other (cheek, chin, forehead, jaw, nose, and temple): Submental Neck: Submental	^	N1	D	RN
300	200 + 100 Regional lymph nodes coded in 200 plus regional lymph nodes coded in 100	^	N1	D	RN
320	Stated as N1a with no other information on regional lymph nodes	N1a	N1	RN	RN
340	Stated as N1b with no other information on regional lymph nodes	N1b	N1	RN	RN
360	Stated as N1 [NOS] with no other information on regional lymph nodes	N1NOS	N1	RN	RN
400	In-transit metastasis WITHOUT regional lymph node involvement or involvement of regional lymph nodes not stated (see Note 2)	N2	N1	RN	RN
420	400 + 100 In-transit metastasis WITH regional lymph nodes listed in code 100 (see Note 2)	N2	N1	RN	RN
440	400 + 200 In-transit metastasis WITH regional lymph nodes listed in code 200 (see Note 2)	N2	N1	D	RN



460	400 + 100 + 200 In-transit metastasis WITH regional lymph nodes listed in codes 100 and 200 (see Note 2)	N2	N1	D	RN
480	Stated as N2 [NOS] with no other information on regional lymph nodes	N2	N1	D	RN
800	Lymph nodes, NOS	^	N1	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

- ^ For codes 100, 200, 300, and 800 ONLY, the N category for AJCC 7th Edition is assigned based on the value of Site-Specific Factor 3, Clinical Status of Lymph Node Mets, as shown in the CS Lymph Nodes and Clinical Status table.

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**DRAFT  
IN PROCESS**Collaborative Stage for TNM 7 - Revised 12/16/2009 [ [Schema](#) ]

## MerkelCellSkin

### 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: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.
- Note 3: Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging:  No regional lymph nodes or in-transit metastases (nodules) removed for examination. Evidence 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 regional lymph nodes or in-transit metastases (nodules) removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	c
2	Meets criteria for AJCC pathologic staging:  No regional lymph nodes or in-transit metastases (nodules) removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p

3	<p>Meets criteria for AJCC pathologic staging:</p> <p>Any microscopic assessment of regional nodes or in-transit metastases (nodules) (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection).</p>	p
5	<p>Does not meet criteria for AJCC y-pathologic (yp) staging:</p> <p>Regional lymph nodes or in-transit metastases (nodules) removed for examination AFTER neoadjuvant therapy AND lymph node or in-transit metastases (nodules) 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 or in-transit metastases (nodules) removed for examination AFTER neoadjuvant therapy AND lymph node or in-transit metastases (nodules) 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 or in-transit metastases (nodules) removed for examination          Not assessed; cannot be assessed          Unknown if assessed          Not documented in patient record</p>	c

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

## MerkelCellSkin

### 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

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## MerkelCellSkin

### 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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## MerkelCellSkin

### CS Mets at DX

- Note: In-transit metastasis is coded in the CS Lymph Nodes field.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
10	Distant lymph node(s)	M1a	M1	D	D
15	Metastasis to skin or subcutaneous tissue	M1a	M1	D	D
20	Stated as M1a with no other information on distant metastases	M1a	M1	D	D
30	Lung	M1b	M1	D	D
35	30 + (10 or 15) Metastasis to lung plus distant lymph node(s) or skin or subcutaneous tissue	M1b	M1	D	D
37	Stated as M1b with no other information on distant metastases	M1b	M1	D	D
40	OBSOLETE DATA RETAINED V0200 Distant metastasis, NOS Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	ERROR	M1	D	D
45	All other visceral sites Distant metastases except distant lymph node(s), skin or subcutaneous tissue, or lung (codes 10, 15, 30 or 35) Carcinomatosis	M1c	M1	D	D

50	OBSOLETE DATA RETAINED V0200 (10) + (40) Distant lymph node(s) plus other distant metastases	ERROR	M1	D	D
55	45 + (any of 10, 15 or 30)Metastases to other visceral sites plus any of distant lymph node(s), skin, subcutaneous tissue, or lung	M1c	M1	D	D
57	Stated as M1c with no other information on distant metastases	M1c	M1	D	D
60	Distant metastasis, NOS 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	M0	MX	U	U

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**IN PROCESS**

Collaborative Stage for TNM 7 - Revised 08/10/2009 [ [Schema](#) ]

## MerkelCellSkin

### 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	<p>Meets criteria for AJCC pathologic staging of distant metastasis:</p> <p>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>	p
5	<p>Does not meet criteria for AJCC y-pathologic (yp) staging of distant metastasis:</p> <p>Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on clinical evidence.</p>	c
6	<p>Meets criteria for AJCC y-pathologic (yp) staging of distant metastasis:</p> <p>Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence.</p>	yp
8	<p>Meets criteria for AJCC autopsy (a) staging of distant metastasis:</p> <p>Evidence from autopsy based on examination of positive metastatic tissue AND tumor was unsuspected or undiagnosed prior to autopsy.</p>	a
9	<p>Not assessed; cannot be assessed  Unknown if assessed  Not documented in patient record</p>	c

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## MerkelCellSkin

### CS Site-Specific Factor 1 Measured Thickness (Depth)

- Note 1: Code MEASURED THICKNESS (Depth) of tumor, not size. Record the specimen with the thickest documented depth. Recording of depth for Merkel cell carcinoma of skin is similar to Breslow's tumor depth in melanoma of the skin. Record the actual measurement in tenths of millimeters from the pathology report.
- Note 2: If tumor was reported as transected by pathology and depth was determined record the measurement below and note in SSF19 that tumor was transected.
- Note 3: If tumor is in-situ (CS Extension code 000), code measured thickness 999.

Code	Description
000	No mass/tumor found
001-979	00.1 - 97.9 millimeters Code exact measurement in TENTHS of millimeters. Examples: 001 0.1 millimeter 002 0.2 millimeters 010 1 millimeter 074 7.4 millimeters 100 10 millimeters, 1 centimeter 105 10.5 millimeters 979 97.9 millimeters
980	98.0 millimeters or larger
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.)
990	Microinvasion; microscopic focus or foci only and no size given

998	No histologic examination of primary site
999	Unknown or no information Not documented in patient record Unknown; depth not stated

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**IN PROCESS***Collaborative Stage for TNM 7 - Revised 06/30/2008 [ [Schema](#) ]*

## MerkelCellSkin

### CS Site-Specific Factor 2

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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## MerkelCellSkin

### CS Site-Specific Factor 3 Clinical Status of Lymph Node Mets

- Note 1: Assign code 000 if either there is no lymph node involvement (CS Lymph Nodes is coded 000) OR there are in-transit metastases, but no regional lymph node involvement (CS Lymph Nodes is coded 400).
- Note 2: Assign code 000 if there are clinically apparent lymph node metastases but they are pathologically negative.
- Note 3: AJCC defines microscopic lymph node metastases or "micrometastases" as those which are clinically inapparent by palpation and/or imaging but are pathologically positive. Therefore, assign code 010 if lymph nodes are negative on palpation and/or imaging but are positive on pathology.
- Note 4: Assign code 010 if there is microscopic confirmation of lymph node metastases but there is no documentation of the clinical status.
- Note 5: Assign code 020 if there are clinically apparent lymph node metastases whether they are confirmed by pathology or pathology is not performed.

Code	Description
000	No lymph node metastases In-transit metastases WITHOUT regional lymph node involvement
010	Clinically occult lymph node metastases only (micrometastases)
020	Clinically apparent lymph node metastases (macrometastases)
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	OBSOLETE DATA CONVERTED AND RETAINED V0200 Not applicable for this schema (conversion of code 888 from CS Version 1)
999	Unknown if regional lymph nodes involved Not stated Not documented in patient record

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**IN PROCESS***Collaborative Stage for TNM 7 - Revised 06/30/2008 [ [Schema](#) ]***MerkelCellSkin****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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**IN PROCESS***Collaborative Stage for TNM 7 - Revised 06/30/2008 [ [Schema](#) ]*

## MerkelCellSkin

### 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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**IN PROCESS**Collaborative Stage for TNM 7 - Revised 06/30/2008 [ [Schema](#) ]**MerkelCellSkin****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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## MerkelCellSkin

### CS Site-Specific Factor 16 Size of Metastasis in Lymph Nodes

- Note: Code size of metastasis or tumor nests in regional lymph nodes (not the size of the lymph node). Record the actual measurement in hundredths of millimeters from the pathology report. Do not code the size of any node(s) coded in CS Mets at DX.

Code	Description
000	No regional lymph node involvement
001-979	0.01 - 9.79 millimeters Record largest described metastasis or tumor nests in HUNDRETHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeters 105 1.05 millimeters 979 9.79 millimeters
980	9.80 millimeters or larger
988	Not applicable: Information not collected for this case
990	Metastasis or tumor nests in regional lymph nodes, size cannot be assessed, NOS
998	No histologic exam of regional lymph nodes
999	Not documented in patient record Unknown or no information



## MerkelCellSkin

### CS Site-Specific Factor 17 Extracapsular Extension of Regional Lymph Nodes

- Note 1: Code the status of extracapsular extension clinically and pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.
- Note 2: Clinical extracapsular extension is coded when involved regional lymph node(s) are described as "fixed" or "matted".

Code	Description
000	No lymph nodes involved
010	No extracapsular extension clinically AND extracapsular extension present on pathology
020	No extracapsular extension clinically AND extracapsular extension not present or not stated on pathology
030	No extracapsular extension clinically AND nodes not assessed pathologically
040	Extracapsular extension clinically AND extracapsular extension present on pathology
050	Extracapsular extension clinically AND extracapsular extension not present or not stated on pathology
060	Extracapsular extension clinically AND nodes not assessed pathologically
070	Extracapsular extension clinically unknown AND extracapsular extension present on pathology
080	Extracapsular extension clinically unknown AND extracapsular extension not present or not stated on pathology
090	Extracapsular extension clinically unknown AND nodes not assessed pathologically

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

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## MerkelCellSkin

### CS Site-Specific Factor 18

### Isolated Tumor Cells (ITCs) in Regional Lymph Node (s)

- Note 1: Record the status of isolated tumor cells as recorded by the pathologist. For Merkel cell carcinoma, the presence of isolated tumor cells in regional lymph node(s) is considered as positive nodal involvement.
- Note 2: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) methods such as Cytokeratin 20 (CK20) or CAM 5.2 or pancytokeratins.
- Note 3: If regional lymph nodes were removed and were pathologically negative with no mention of ITC status, assume there are no ITC's and assign code 000.

Code	Description
000	Regional lymph nodes negative on routine H and E, no IHC studies for ITCs done (CK20, CAM5.2, pancytokeratins) or unknown if IHC studies done Nodes clinically negative, not examined pathologically
010	Regional lymph nodes negative on routine H and E, IHC studies done (CK20, CAM5.2, pancytokeratins) and ITCs NOT PRESENT
020	Regional lymph nodes negative on routine H and E, IHC studies done (CK20, CAM5.2, pancytokeratins) and ITCs (tumor cell clusters not greater than 0.2mm) PRESENT
090	Regional lymph nodes negative on routine H and E, positive for tumor detected by IHC, size of tumor cell clusters or metastases not stated
100	Regional lymph nodes positive with ITCs on routine H and E
200	Regional lymph nodes positive with ITCs, NOS, method of detection not stated

300	Regional lymph nodes positive other than ITCs (tumor cells greater than 0.2 mm)
988	Not applicable: Information not collected for this case
999	Unknown or no information Not documented in pathology report or patient record

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## MerkelCellSkin

### CS Site-Specific Factor 19 Tumor Base Transection Status

- Note: Record the status of the transected tumor base per documentation in the pathology report. The transected status should be documented on the same specimen used to code SSF1: Measured thickness (depth), regardless of whether a subsequent resection shows clear margins. The specimen used to code SSF1 should be the one with the thickest documented depth. If deep margins of resected specimen are documented as involved, then the tumor base can be considered transected. A deep shave biopsy or curettage may result in transection of the tumor at the deep margin. If margins are not involved, assign code 020.

Code	Description
000	No mass/tumor found
010	Tumor base transected
020	Tumor base not transected
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	OBSOLETE DATA CONVERTED AND RETAINED V0200 Not applicable for this schema (conversion of code 888 in CS Version 1)
998	No histologic examination of primary site
999	Unknown or no information Not documented in patient record

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## MerkelCellSkin

### CS Site-Specific Factor 20 Tumor Infiltrating Lymphocytes (TIL)

- Note: Code the status of tumor infiltrating lymphocytes (TIL) in the primary tumor as documented in the pathology report.

Code	Description
000	Absent, no tumor infiltrating lymphocytes
010	Tumor infiltrating lymphocytes present, non-brisk
020	Tumor infiltrating lymphocytes present, brisk
030	Tumor infiltrating lymphocytes present, NOS
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	OBSOLETE DATA CONVERTED AND RETAINED V0200 Not applicable for this schema (conversion of code 888 from CS Version 1)
998	No histologic examination of primary site
999	Unknown or no information Not documented in patient record

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## MerkelCellSkin

### CS Site-Specific Factor 21 Growth Pattern of Primary Tumor

- Note: Code the growth pattern of the primary tumor as documented by the pathologist.

Code	Description
010	Circumscribed/nodular
020	Diffusely infiltrative
030	Sample inadequate to evaluate as stated in pathology report
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	OBSOLETE DATA CONVERTED AND RETAINED V0200 Not applicable for this schema (conversion of code 888 from CS Version 1)
998	No histologic examination of primary site
999	Unknown or no information Not documented in pathology report or patient record

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## MerkelCellSkin

### CS Site-Specific Factor 22 Profound Immune Suppression

- Note 1: Immune suppression can profoundly increase the risk of developing Merkel cell carcinoma.
- Note 2: Immune suppression is suppression of the body's immune system and its ability to fight infections and other diseases. Immune suppression may be deliberately induced with drugs, as in preparation for bone marrow or other organ transplantation, to prevent rejection of the donor tissue. It may also result from certain diseases such as AIDS or lymphoma or from anticancer drugs.
- Note 3: Code the patient's history of profound immune suppression condition (s) using the following diagnoses listed below as documented by the physician.

Code	Description
000	No immune suppression condition(s)
010	HIV/AIDS
020	Solid organ transplant recipient
030	Chronic lymphocytic leukemia
040	Non-Hodgkins lymphoma
050	More than one of the above conditions
060	Other specified diagnosis resulting in profound immune suppression
070	Profound immune suppression present, diagnosis not recorded
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
988	OBSOLETE DATA CONVERTED AND RETAINED V0200 Not applicable for this schema (conversion of code 888 from CS Version 1)

999

Unknown or no information  
Not documented in patient record

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