OCISS Non-Hospital Melanoma Web Plus Abstracting Guide
General Rules/Tips for Entering Cases in Web Plus

1) Website for Web Plus: https://odhgateway.odh.ohio.gov/webplus/logonen.aspx. You may want to bookmark or add to favorites.

2) Please log in ONLY under your assigned user ID. Contact OCISS if you forget your user ID or password. If you have new staff who will be entering cases, please contact OCISS so we can set them up with a Web Plus account. DO NOT SHARE user IDs or passwords.

3) This guide is for melanoma of the skin ONLY. If your facility diagnoses and/or treats other skin cancers (for example, Kaposi Sarcoma, Merkel cell carcinoma, mycosis fungoides, cutaneous lymphoma, porocarcinoma, etc.), please contact OCISS if you have questions on how to abstract the case. Note that basal (histology 8090) and squamous (histology 8070) cell carcinoma of the skin are NOT REPORTABLE.

4) Before starting a new abstract, check to see if your facility has already reported the case. In Web Plus, you can look up the patient by name or SSN under "**Find/Open Abstract**". If you have questions on whether something is a new cancer, please contact OCISS.

5) If your facility is involved in the treatment of the patient's cancer, please wait to report until you have the treatment information.

6) **Save** and save often when abstracting in Web Plus! Note that every time you **Save**, you will be taken to the top of the abstracting screen. You will need to scroll down to where you last entered data.

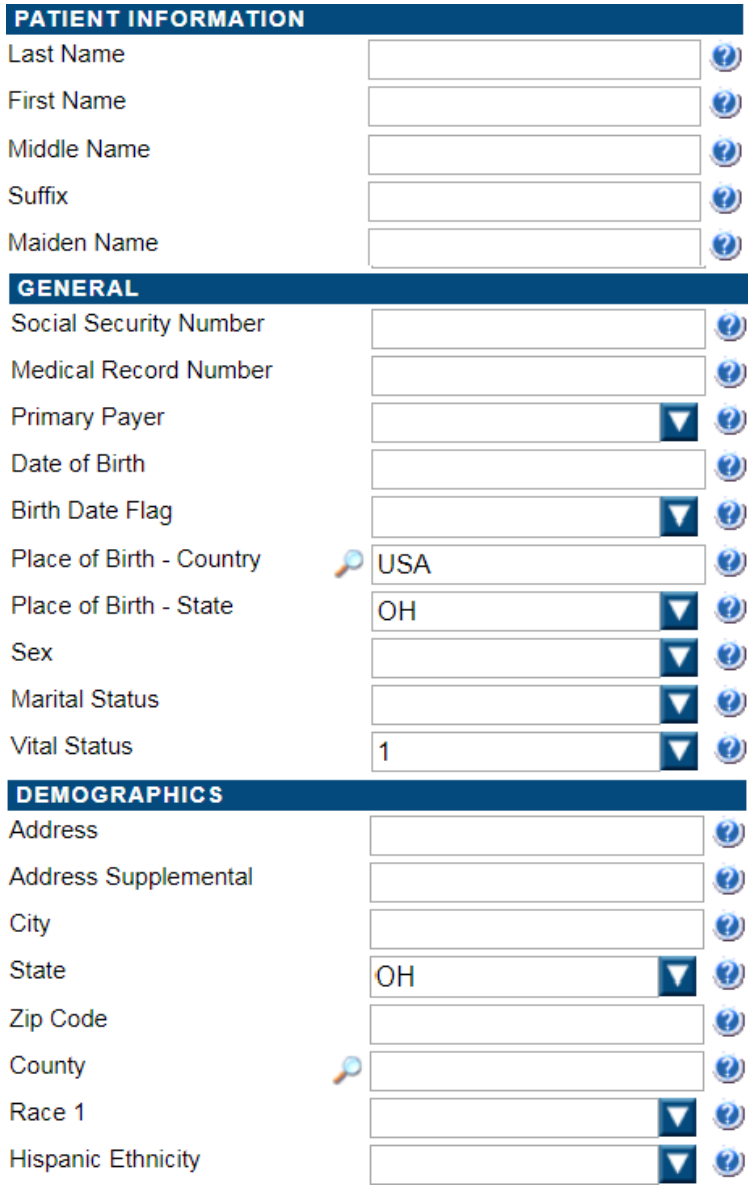
7) Once you **Save**, you will see EDIT errors on the right-hand side of the abstract. Do not worry about the EDIT errors UNTIL you have ***completed*** the abstract. Most, if not all, of the errors will automatically resolve as you complete the abstract.

8) Do not use the **Comments** button on the upper right-hand side, it is not functioning and may kick you out of Web Plus.

9) Please contact OCISS if you run into any issues with Web Plus or have questions when abstracting a case.

10) A more detailed Web Plus manual is available on the OCISS website at: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ociss-web-plus-manual-for-physician-reporting

ABSTRACTING TIPS



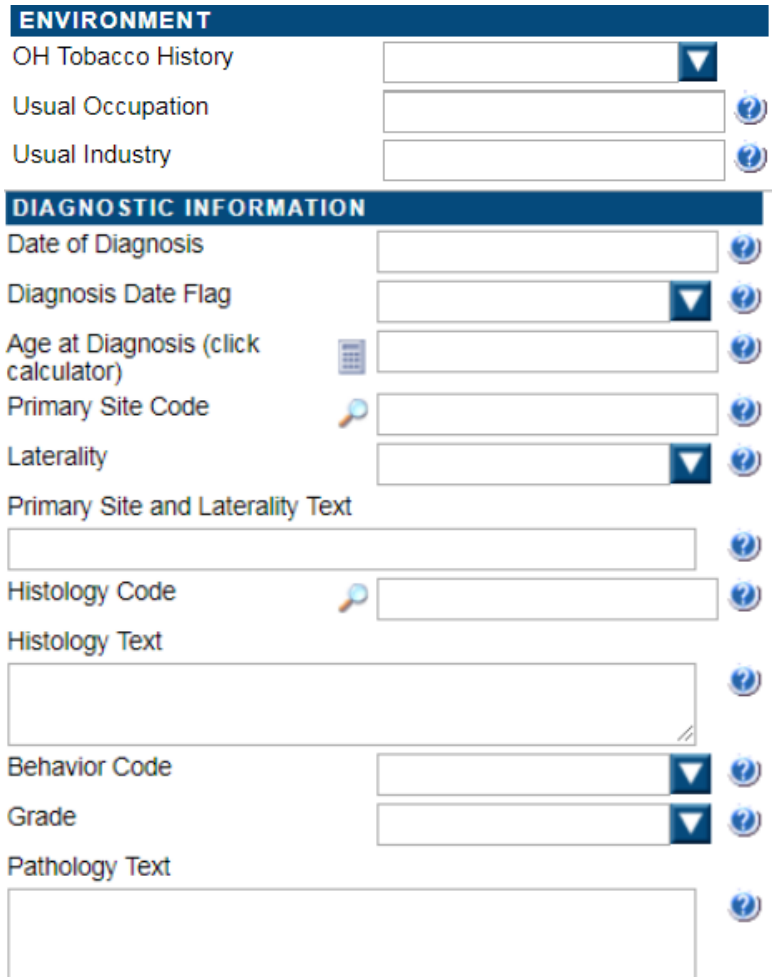
← middle initial if you have it, no periods
← suffix such as JR, III, etc.

← if you only have the last 4 digits, enter it with FIVE leading 1's (e.g. 111112345). If SSN is unknown, enter nine 9's (999999999).
← use the ▼ for insurance options, there are several "NOS" (not otherwise specified) broad choices
← all dates are in YYYYMMDD format
← date & date flags come in pairs, flag is blank when you have a date
← place of birth is defaulted, you can leave as is

use the ▼ for options

← this is the address of the **patient's** place of residence at the time when patient was diagnosed with this cancer
Please put apt/unit/suite info in the "Supplemental" line

← use 🔎 to look up county code
use the ▼ for options



↑ in the path text box, enter the pertinent information from the final diagnosis / addendum. For **invasive** melanoma, please include Breslow, ulceration, mitotic rate, margins involvement, & lymphvascular invasion (LVI). See sample text on the right →

For diagnosis year 2018 and later, there will be a new data field for collecting Breslow tumor thickness.

← use the ▼ for options

complete if you have the info, ok to leave blank

← date of diagnosis is REQUIRED; if you do not have a complete date, enter a partial date (e.g. 201705 for May 2017)

← click calculator icon

see Quick Reference #1

← this is text that confirms the primary site and laterality code, for example: "right back skin", "left foot skin", etc.

← **see Quick Reference #1**

← this is info from FINAL DIAGNOSIS portion of path report describing the *histology* of the melanoma, for ex: "superficial spreading melanoma" or just "melanoma" if no specific type

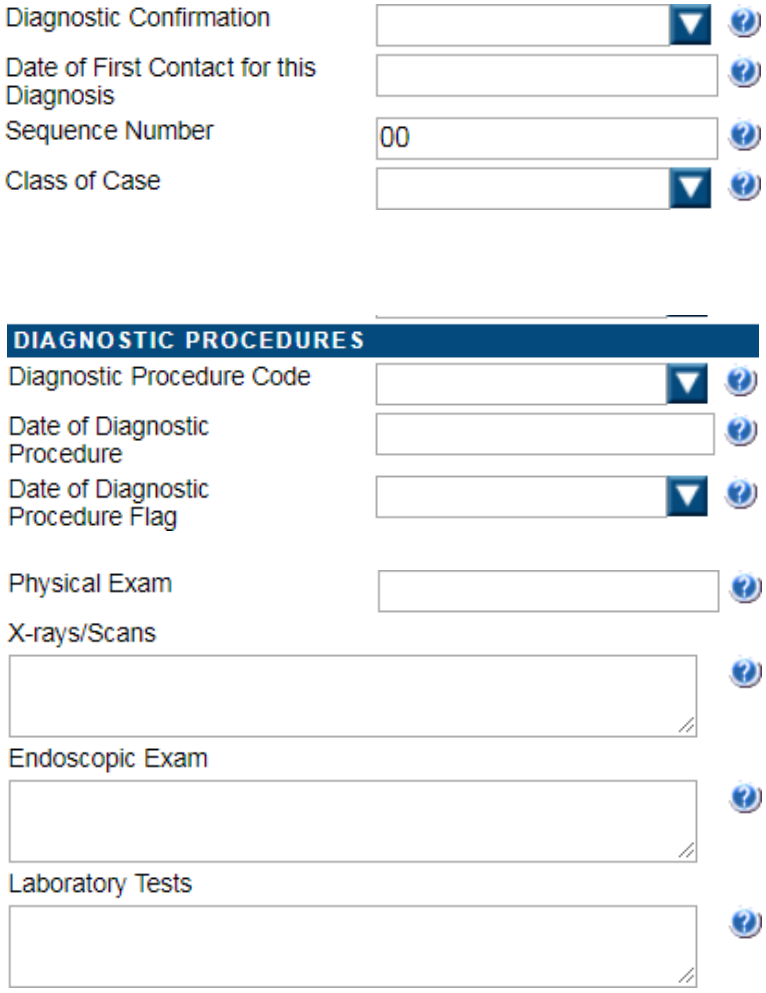
← **see Quick Reference #1**

← rarely does melanoma have a grade, so this is "9" (unknown)

← summary from path report(s) final diagnosis goes here.

Example pathology text #1: *5/10/16 mid back, shave bx: melanoma in situ, superficial spreading; peripheral margins +, LVI (-); 5/25/16 – re-excision, residual melanoma in situ excised, margins neg*

Example pathology text #2: *5/05/2016 RT thigh punch bx, nodular melanoma, Breslow 0.75mm, Clark level III; NO ulceration, mitotic rate 1/mm2, margins involved, LVI (+), regression present; 5/20/2016 residual melanoma, Breslow 0.20mm, margins clear, 0/1 LN (lymph node negative for malignancy)*



← this is always **1** - "positive histology" if you have a path report on a skin specimen

← date your facility first encountered the patient for <u>THIS cancer</u>

← you can leave with the defaulted "00"

← **see Quick Reference #2**

Scenarios:

Biopsy removes all visible lesion (clear or only microscopically positive margins)	*Biopsy only samples a large lesion with visible lesion left*
00 – no diagnostic procedure	**02** – biopsy of primary site
<<Blank>>	Date of biopsy
11 – flag for no diagnostic procedure	*<<Blank>>*

For both scenarios:

← this is a text box to summarize the patient encounter/exam

<u>Example physical exam text:</u> *5/10/2016 58 yo WM, nonsmoker with suspicious 3mm mole on back, rule out melanoma*

X-ray & endoscopic exam may be left blank (usually not done for melanoma)

← if applicable, put date and lactic acid dehydrogenase (LDH) test results in the laboratory tests text box. *For diagnosis year 2018 and later, there will be a new data field for collecting pre-treatment LDH lab value*

CONTINUE on page 5 if biopsy removed all visible lesion	**SKIP to page 6 if biopsy only sampled lesion**

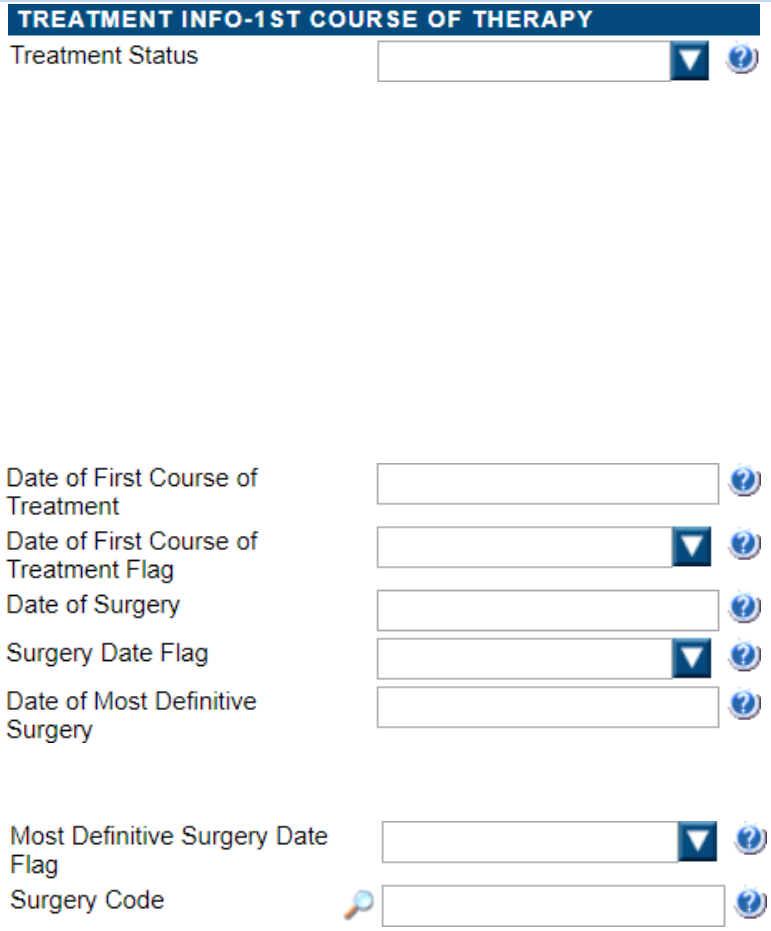
Biopsy removes all visible lesion (clear/negative or only microscopically positive margins)

← when biopsy removes all visible lesions and margins are clear or negative or only microscopically positive, put "1" for treatment given. If another facility did the biopsy and your facility did the re-excision, code is also "1" for treatment given.

Treatment fields by scenario:

Biopsy and re-excision at your facility or you have information on follow-up treatment at outside facility	*Biopsy only, no other surgery or you do not know if additional surgery was done*
Date of biopsy	Date of biopsy
<<Blank>>	*<<Blank>>*
Date of biopsy	Date of biopsy
<<Blank>>	*<<Blank>>*
Date of most extensive surgery (wide-excision, Mohs, etc.)	Date of biopsy
<<Blank>>	*<<Blank>>*
see Quick Reference #2	**see Quick Reference #2**
SKIP page 6. CONTINUE on page 7.	

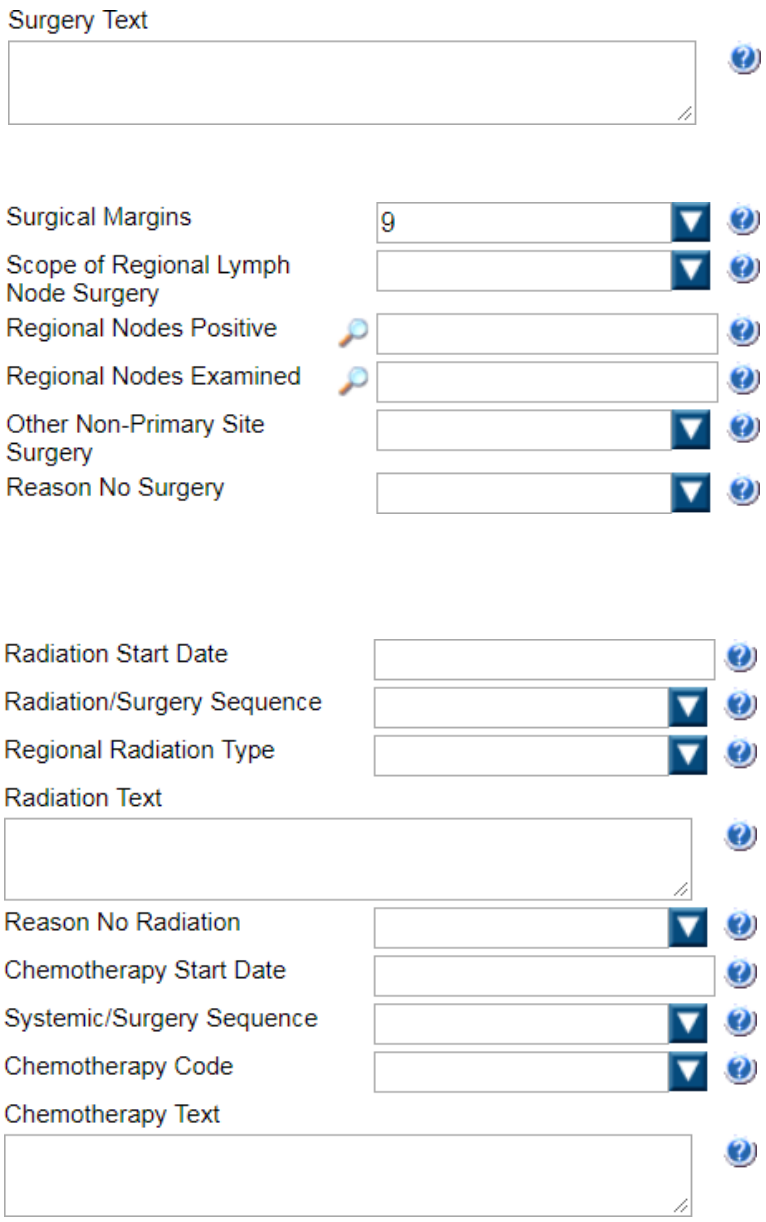
Biopsy only samples a large lesion with visible lesion left



← if treatment (re-excision, cream such as Imiquimod Zyclara® / Aldara, etc.) was done at your facility, put "1" for treatment given. If patient was referred out AND you received confirmation that treatment was given, you can also put "1" treatment given. If you ***do not know***, put "9" unknown. **NOTE:** If patient refused treatment or it was decided not to treat, put "0" no treatment given. Date that decision was made is put in the "Date of First Course of Treatment".

Treatment fields by scenario:

Treatment at your facility OR patient referred out and you have confirmation that treatment was done	*Diagnosis only, unknown if any treatment done*
Date of 1st treatment (whether it be surgery or other type of treatment)	*<<Blank>>*
<<Blank>>	10 (unknown)
Date of surgery (wide-excision, Mohs, etc.)	*<<Blank>>*
<<Blank>>	10 (unknown)
Date of most extensive surgery such as wide re-excision (may be same as date of surgery if only 1 surgery was done)	*<<Blank>>*
<<Blank>>	10 (unknown)
see Quick Reference #2	99 (unknown)



← Example surgery text #1: *5/10/16 shave bx w/ Dr. A 5/25/16 re-excision w/ Dr. B @ outside facility C*
Example surgery text #2: *5/10/16 punch bx w/ Dr. A. Referred to facility B for re-excision but unknown whether it was done.*

← use the ▼ for options (this is *final* surgical margins, if known)
← most common are "0" (none), and "9" (unknown)

← if none, "98" (no nodes examined), if unknown "99"
← if none, "00" (no nodes examined), if unknown "99"

← most common are "0" (none), and "9" (unknown)

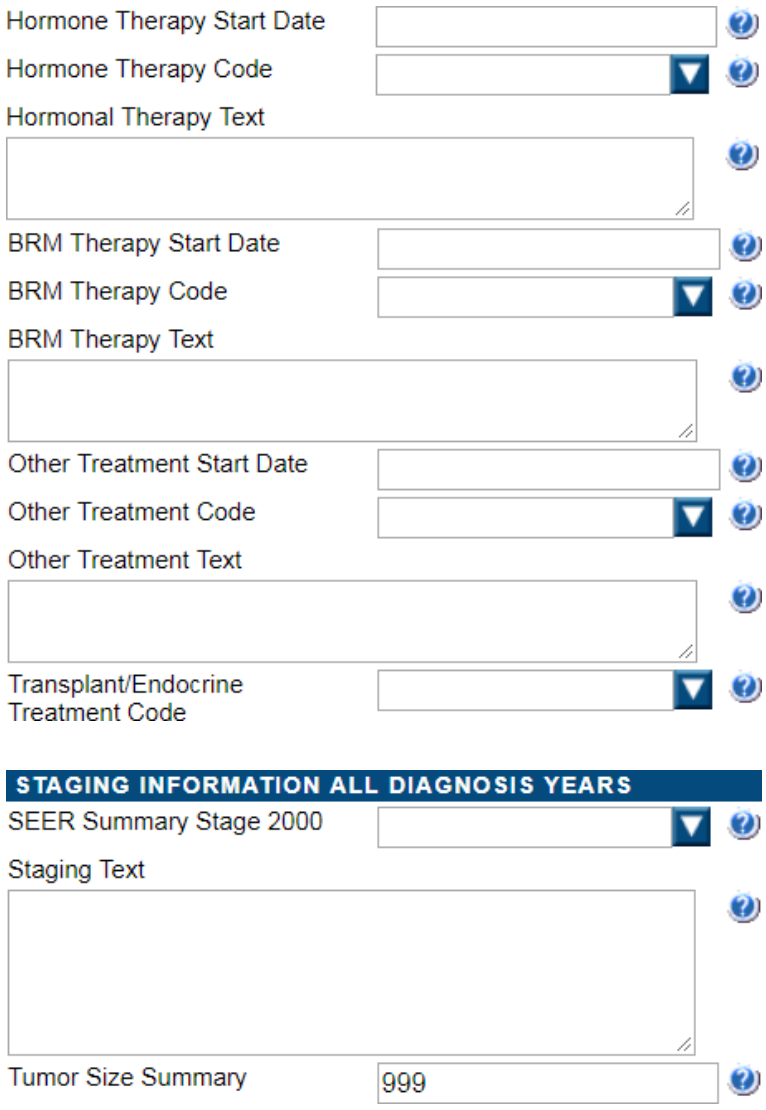
← "0" if surgery done (i.e. no reason), use dropdown menu for reasons surgery was ***not*** done

FOR THIS SECTION OF THE FORM: USE THE "TAB" KEY ON YOUR KEYBOARD TO NAVIGATE QUICKLY AMONG THE DIFFERENT TREATMENT FIELDS

← leave blank if not applicable
← "**0**" if either surgery or radiation was NOT administered or if unknown
← most common are "00" (no radiation tx) and "99" (unknown)
← leave radiation text blank if not applicable

← use the ▼ for options ("9" if unknown whether radiation given)
← leave blank if not applicable

← "**0**" if either surgery or systemic treatment was NOT administered or if unknown
← most common are "00" (no chemo) and "99" (unknown)
← leave chemotherapy text blank if not applicable



← leave blank if not applicable
← most common are "00" (no hormone) and "99" (unknown)

← leave hormonal therapy text blank if not applicable

BRM stands for "biological response modifiers" (i.e. immunotherapy)
← leave blank if not applicable
← most common are "00" (no BRM) and "99" (unknown)
Aldara (Imiquimod) / ZYCLARA® would be recorded as "BRM"
← leave BRM therapy text blank if not applicable

← leave blank if not applicable

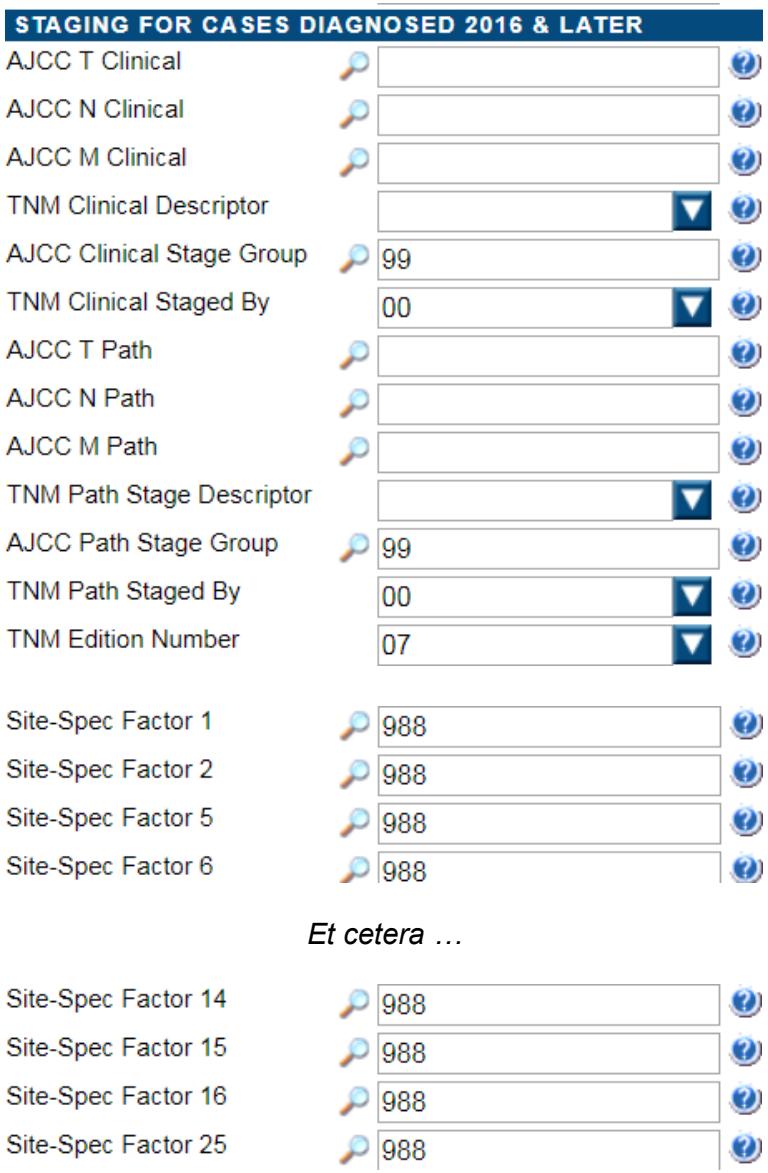
← most common are "0" (none) and "9" (unknown)

← leave other treatment text blank if not applicable

← most common are "00" (none) and "99" (unknown)

(Appx A for diagnosis years 2001-2017. Appx B for 2018 and later.)
← see **Appendices A and B** for details. **NOTE:** if entire cancer is *in situ* (behavior code 2), SEER Summary Stage 2000 must be "0" *in situ* as well
← Example staging text #1: *melanoma in situ*
Example staging text #2: *Path report states AJCC staging pT1A, pNX*

← leave as default 999 OR put largest *diameter* (NOT depth) of tumor in millimeters

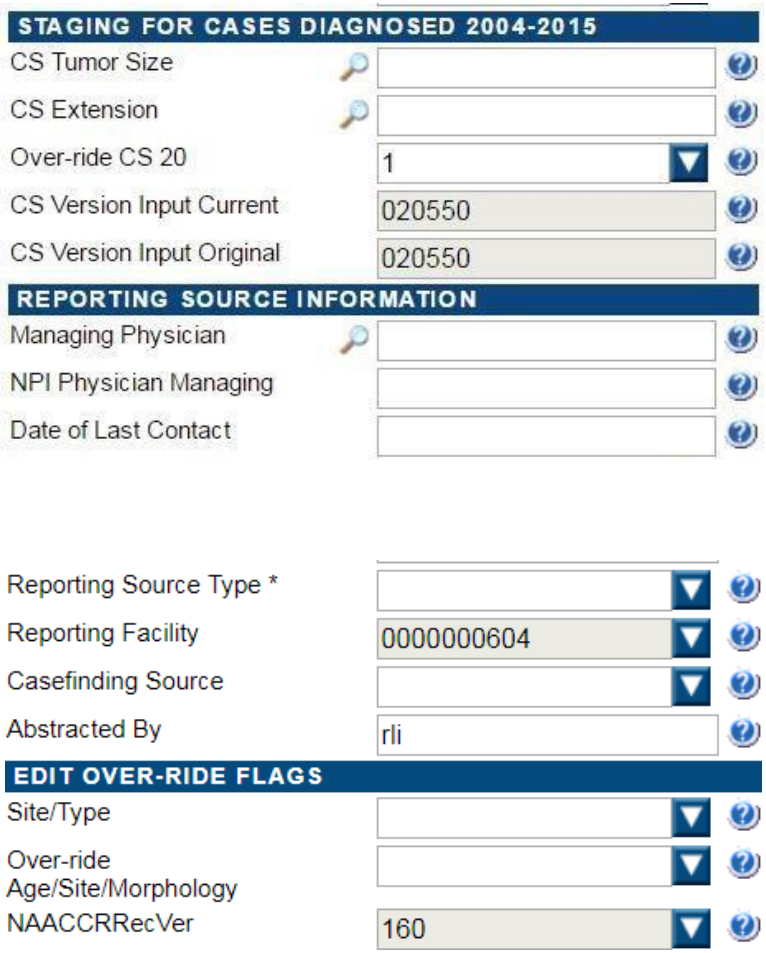


← leave this "AJCC staging" section as is with the defaulted blanks and defaulted values

For diagnosis year 2018 and later, this section on AJCC staging will be blank or may not be on the reporting form.

← leave this "site-specific factors" section as is with the defaulted values

For diagnosis year 2018 and later, this section on site-specific factors will be blank.



← only complete CS Tumor Size and CS Extension for cases diagnosed *before* 2016 (if you see them on the reporting form)

← **IMPORTANT**: blank out the Over-ride CS 20 for cases diagnosed in 2016 and later, leave it as "1" for cases diagnosed before 2016

← use the 🔎 to find the Ohio license number of the managing physician. If the physician is not listed, please contact OCISS. Use the physician not listed code "00000000" in the interim.
← this is latest date there was contact with the patient. This date should be the *same or later* than the *latest* date entered in the rest of the abstract. Otherwise you will get an error.

← **"4"** for physician's office; **"8"** for surgery center; **"3"** for path lab
← this is defaulted with your facility's OCISS ID number upon login

← **"30"** physician-initiated case; **"40"** or **"50"** if you are a path lab
← your initials will be defaulted when you login

} leave blank

- END OF FORM -

QUICK REFERENCE #1: Primary Site, Laterality, Histology, Behavior

PRIMARY SITE CODE

Skin of
C440 LIP, upper lip, lower lip
C441* EYELID, canthus, lower lid, upper lid, meibomian gland
C442* EAR, auricle, pinna, lobule, lobe, external auditory canal, ear canal, helix, tragus
C443* FACE, cheek, chin, nose, forehead, temple
C444 SCALP and NECK, skin of head, NOS, skin of cervical or supraclavicular region
C445* TRUNK, abdomen, anus, axilla, back, breast, buttock, chest, flank, groin perineum, gluteal region, inguinal region, perianal skin, scapular, umbilicus
C446* UPPER LIMB and SHOULDER, arm, elbow, finger, forearm, hand, palm, wrist, finger nail
C447* LOWER LIMB and HIP, ankle, calf, foot, heel, hip, knee, leg, popliteal space, thigh, toe, toe nail, sole of foot, plantar
C448 Overlapping lesion of skin
C449 Skin, NOS (not otherwise specified)
C510 Skin of labia majora
C519 Skin of vulva
C609 Skin of penis
C632 Skin of scrotum

***LATERALITY must be coded for: C44.1 C44.2 C44.3 C44.5 C44.6 C44.7**
Tip: code "5" for midline tumors such as melanoma over the spinal area, tip of nose, etc.

HISTOLOGY CODE (listed below are the *most common*, use 🔎 to look up others)

8720 - Melanoma, NOS (not otherwise specified); includes nevoid and spitzoid
8721 - Nodular melanoma
8723 - Melanoma with regression, regressing malignant melanoma
8742 - Lentigo maligna, malignant melanoma in Hutchinson melanotic freckle 8743 - Superficial spreading
8744 - Acral, lentiginous, malignant
8745 - Desmoplastic, amelanotic melanoma
8772 - Spindle cell melanoma, NOS

BEHAVIOR CODE

2 (*in situ*) - if all path reports (biopsy, re-excision/MOHS surgery) being reported state the melanoma is "*in situ*"

3 (invasive) – invasive melanoma. Even if pathology report states there is just a small focus of invasion and the rest of the melanoma is *in situ*, use behavior code "3"; or if you are reporting a melanoma that was only *in situ* on biopsy but then you found invasive cancer on re-excision, report as "3" (invasive).

QUICK REFERENCE #2: Class of Case, Surgery Codes

CLASS OF CASE (most common only, use to look up others)

This field indicates your facility's relationship with the diagnosis and treatment of this specific cancer

00 your facility/group diagnosed the cancer, patient referred outside of your facility/group for ALL treatment
10 your facility/group diagnosed the cancer AND provided *all* OR *part* of the first course of treatment
20 patient diagnosed somewhere else before coming to your facility/group and *all* OR *part* of the first course of treatment was done at your facility/group
43 your facility is a pathology laboratory (patient never shows up physically at your facility)

SURGERY CODES (most common only, use hourglass to look up others)

Green Highlight = common

00 None; no surgery of primary site

20 Local tumor excision, NOS (i.e. punch, shave)
27 Excisional biopsy (punch, shave, etc.)
Any combination of 20, 26 or 27 WITH:
21 Photodynamic therapy (PDT)

22 Electrocautery
23 Cryosurgery
24 Laser ablation
25 Laser excision

Code the most extensive surgery. For example, if patient had biopsy then wide-excision or MOHS, use the appropriate code that is 30 or above.

30-36 Use when a wide excision follows a biopsy and the closest clean **margin = 1 cm or less**, or there is *no description of the margins* at all. These procedures do not have to be done at the same time.
30 Biopsy NOS (exact type of biopsy is not known) **followed by** a gross excision of the lesion
31 Shave biopsy **followed by** a gross excision of the lesion
32 Punch biopsy **followed by** a gross excision of the lesion
33 Incisional biopsy followed by a gross excision of the lesion
32 **34** Mohs surgery, NOS
35 Mohs with 1-cm margin or less
36 Mohs with more than 1-cm margin

45-47 Use when a wide excision or re-excision of lesion is done and **all margins are > 1 cm. Margin MUST be microscopically negative and described in path report**
If excision does NOT have microscopically neg margins > 1 cm, use appropriate code, 20–36.
45 Wide excision with margins > 1 cm, NOS
46 Wide excision with margins more than 1 cm and less than or equal to 2 cm
47 Wide excision with margins greater than 2 cm

Appendix A: SEER Summary Stage 2000 for Melanoma (use for diagnosis years 2001-2017)

MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

C44.0 Skin of lip, NOS (excludes vermilion border C00._)
C44.1 Eyelid <>
C44.2 External ear <>
C44.3 Skin of other and unspecified parts of face <>
C44.4 Skin of scalp and neck
C44.5 Skin of trunk <>
C44.6 Skin of upper limb and shoulder <>
C44.7 Skin of lower limb and hip <>
C44.8 Overlapping lesion of skin
C44.9 Skin, NOS
<> Laterality must be code for this site.

C51.0 Labium majus
C51.1 Labium minus
C51.2 Clitoris
C51.8 Overlapping lesion of vulva
C51.9 Vulva, NOS
C60.0 Prepuce
C60.1 Glans penis
C60.8 Overlapping lesion of penis
C60.9 Penis, NOS
C63.2 Scrotum, NOS
See also Note 1.

For codes C44.3 and C44.5, if the tumor is midline (e.g., chin) code as 9 (midline) in the laterality field.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
Basement membrane of the epidermis is intact; intraepidermal
Clark's level I

1 Localized only
Papillary dermis invaded
Clark's level II

Papillary-reticular dermal interface invaded
Clark's level III

Reticular dermis invaded
Clark's level IV

Skin/dermis, NOS

Localized, NOS

2 Regional by direct extension only
Subcutaneous tissue invaded (through entire dermis)*
Clark's level V

Satellite nodule(s), NOS
Satellite nodule(s) ≤ 2 cm from primary tumor

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes by primary site

Head and neck :
All head and neck subsites:
- Cervical, NOS

Lip:
- Facial, NOS:###***
  - Buccinator (buccal)###***
  - Nasolabial###***
- Mandibular, NOS:
  - Submandibular (submaxillary)
  - Submental###***
- Parotid, NOS:###***
  - Infra-auricular###***
  - Preauricular###***

Eyelid/canthus:
- Facial, NOS:
  - Buccinator (buccal)
  - Nasolabial
- Mandibular, NOS:
  - Submandibular (submaxillary)
  - Submental###***
- Parotid, NOS:
  - Infra-auricular

External ear/auditory canal:
- Mastoid (post-/retro-auricular)
- Preauricular

Face, Other (cheek, chin, forehead, jaw, nose and temple):
- Facial, NOS:
  - Buccinator (buccal)
  - Nasolabial
- Mandibular, NOS:
  - Submandibular (submaxillary)
  - Submental###***
- Parotid, NOS:
  - Infra-auricular
  - Preauricular

Scalp:
- Mastoid (post-/retro-auricular)
- Parotid, NOS:
  - Infra-auricular
  - Preauricular
- Spinal accessory (posterior cervical)

Code 3 continued on next page

3 Regional lymph node(s) involved only (continued)

Neck: Axillary
Mandibular, NOS:
Submental###***
Mastoid (post-/retro-auricular)
Parotid, NOS:
Infra-auricular
Preauricular
Spinal accessory (posterior cervical)
Supraclavicular (transverse cervical)

Upper trunk:
Axillary
Cervical
Internal mammary
Supraclavicular (transverse cervical)

Lower trunk:
Superficial inguinal (femoral)

Arm/shoulder:
Axillary
Epitrochlear **for hand/forearm**
Spinal accessory (posterior cervical) **for shoulder**

Leg/hip:
Popliteal **for heel and calf**
Superficial inguinal (femoral)

Vulva/penis/scrotum:
Deep inguinal, NOS:
Node of Cloquet or Rosenmuller (highest deep inguinal)
Superficial inguinal (femoral)

All sites:
In-transit metastasis (satellite nodules >2 cm from primary tumor)
Regional lymph node(s), NOS

4 Regional by BOTH direct extension AND regional lymph node(s) involved
Codes **(2) + (3)**

5 Regional, NOS

7 Distant site(s)/lymph node(s) involved

Distant lymph node(s):

Further contiguous extension:

Underlying cartilage, bone, skeletal muscle

Metastasis:

Metastasis to skin or subcutaneous tissue beyond regional lymph nodes

Visceral metastasis

9 Unknown if extension or metastasis

Note 1: For melanoma of sites other than those above, use site-specific schemes.

Note 2: If there is a discrepancy between the Clark's level and the pathologic description of extent, use the higher Summary Stage code.

Note 3: Skin ulceration does not alter the classification. Skin ulceration was considered regional in Historic Stage.

Note 4: In-transit metastasis was considered regional by direct extension in Historic Stage and Summary Stage 1977.

Considered distant in Historic Stage
* Considered localized in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide

Appendix B: Summary Stage 2018 for Melanoma (use for diagnosis years 2018 and later)

SKIN

RELATIONSHIP BETWEEN THICKNESS, DEPTH OF INVASION, AND CLARK LEVEL

(Use Only for Melanoma of the Skin; Vulva, Penis, and Scrotum)

Below is a guideline for melanoma of the skin for Breslow's depth and/or Clark's Level.
Note: Clark's level is not routinely used but is kept here for historical purposes.

Summary Stage	Breslow's: Thickness/Depth	Clark's Level
In Situ	In Situ	Level I
Localized	≤ 0.75 mm	Level II
	0.76 to 1.50 mm	Level III
	≥1.50 mm	Level IV
Regional Direction Extension	Through entire dermis	Level V
	Satellite nodules ≤ 2 cm from primary	
Regional LN	(See LNs by primary site)	
Distant	Underlying cartilage, bone, muscle, or metastatic (generalized) skin lesions	

MELANOMA SKIN
8720-8790 (C000-C002, C006, C210, C440-C449, C500, C510-C512, C518-C519, C600-C602, C608-C609, C632)

Note 1: The following sources were used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (https://seer.cancer.gov/tools/ssm/)
- Collaborative Stage Data Collection System, version 02.05: https://cancerstaging.org/cstage/Pages/default.aspx
- Chapter 47 *Melanoma of the Skin*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

Note 2: For melanoma of sites other than those above

- C003-C005, C008-C069, C090-C148, C300-C329: See Melanoma Head and Neck
- C690: See Melanoma Conjunctiva
- C693, C694: See Melanoma Uvea
- For all other sites, use the appropriate site-specific schema

Note 3: Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes. ITCs are defined as any tumor deposits in lymph nodes less than or equal to 0.2 mm.

Note 4: If there is a discrepancy between the Clark level and the pathological description of extent (invasion into the layers of the dermis), use the higher (more extensive) code.

Note 5: Code the greatest extent of invasion from any procedure performed on the lesion, whether it is described as a biopsy or an excision. For example, if a punch biopsy with involvement of Clark level IV is followed by a re-excision with residual tumor involving Clark level II, code 2 (Clark level IV).

Note 6: Satellite lesions/nodules or in-transit metastases are coded as regional nodes (code 3).

SUMMARY STAGE

0 In situ, intraepithelial, noninvasive

- Basement membrane of the epidermis is intact
- In situ, intraepidermal, intraepithelial, noninvasive
    - Clark level I

1 Localized only (localized, NOS)

- Papillary dermis invaded
  - Clark level II
- Papillary-reticular dermal interface invaded
  - Clark level III
- Reticular dermis invaded
  - Clark level IV
- Skin/dermis, NOS

2 Regional by direct extension only

- Subcutaneous tissue (through entire dermis)
  - Clark level V

3 Regional lymph node(s) involved only

- All sites
  - Regional lymph node(s), NOS
    - Lymph node(s), NOS

- Skin of head and neck (C000-C002, C006, C440-C444)
  - Levels I-VII
  - Axillary (neck only, C444)
  - Cervical, NOS
  - Deep cervical, NOS
  - Facial (buccinator, buccal, nasolabial)
  - Internal jugular, NOS
  - Parapharyngeal
  - Parotid (infraauricular, intraparotid, periparotid, preauricular)
  - Retroauricular (mastoid)
  - Retropharyngeal
  - Suboccipital

- Skin of upper limb and shoulder (C446)
  - Axillary
  - Cervical
  - Epitrochlear for hand/forearm
  - Internal mammary (parasternal)
  - Spinal accessory for shoulder
  - Supraclavicular (transverse cervical)

- Skin of lower limb and hip (C447)
  - Femoral (superficial inguinal)
  - Popliteal for heel and calf

Code 3 continued on next page

- Vulva (C510-C512, C518-C519)
    - Deep inguinal, NOS
    - Femoral
    - Inguinal, NOS
    - Inguinofemoral (groin)
    - Node of Cloquet or Rosenmuller (highest deep inguinal)
    - Superficial inguinal (femoral)

- Penis (C600-C602, C608-C609)
    - Iliac, NOS
        - External
        - Internal (hypogastric, obturator)
    - Inguinal, NOS
        - Node of Cloquet or Rosenmuller (highest deep inguinal)
        - Superficial [femoral]
    - Pelvic, NOS

- Scrotum (C632)
    - Iliac, NOS
        - External
        - Internal (hypogastric), NOS
            - Obturator
    - Inguinal, NOS
        - Deep inguinal, NOS
            - Node of Cloquet or Rosenmuller (highest deep inguinal)
        - Superficial inguinal (femoral)

4 Regional by BOTH direct extension AND regional lymph node(s) involved

- Codes (2) + (3)

7 Distant site(s)/lymph node(s) involved

- Distant site(s) (including further contiguous extension)
    - Bone
    - Central nervous system (CNS)
    - Lung
    - Skeletal muscle (including direct extension)
    - Skin or subcutaneous tissue beyond regional lymph nodes
    - Underlying cartilage
    - Visceral metastasis, NOS
- Distant lymph node(s), NOS
    - Axillary (lower trunk)
    - Femoral (cephalad/caudal) (upper trunk)
    - Iliac (leg/hip)
- Distant metastasis, NOS
    - Carcinomatosis
    - Distant metastasis WITH or WITHOUT distant lymph node(s)

9 Unknown if extension or metastasis