

癌症部位特定因子編碼手冊 107 年版_正式公告修訂處

頭頸部癌症

修訂 Soft Palate, Uvula 及 Gum, NOS 需登錄欄位：(p.3-4)

Site	Sub-Site	Code	需登錄 SSF 欄位
Oralcavity & Palate	Floor of Mouth	C04.0-C04.1, C04.8-C04.9 C04.0 Anterior floor of mouth C04.1 Lateral floor of mouth C04.8 Overlapping lesion of floor of mouth C04.9 Floor of mouth, NOS	SSF1, SSF7, SSF9-10
	Hard Palate	C05.0	SSF1, SSF7, SSF9-10
	Malignant Melanoma of Hard Palate	C05.0 (M-8720-8790)	SSF1, SSF7, SSF9-10
	Soft Palate, Uvula	C05.1-C05.2 C05.1 Soft Palate, NOS C05.2 Uvula	SSF1, SSF9-10
	Other Mouth	C05.8-C05.9, C06.8-C06.9 C05.8 Overlapping lesion of palate C05.9 Palate, NOS C06.8 Overlapping lesion of other and unspecified parts of mouth C06.9 Mouth, NOS	SSF1, SSF7, SSF9-10
	Cheek (Buccal) Mucosa, Vestibule	C06.0-C06.1 C06.0 Cheek mucosa C06.1 Vestibule of mouth	SSF1, SSF7, SSF9-10
Tongue & Gum	Base of Tongue, Lingual Tonsil	C01.9, C02.4 C01.9 Base of tongue, NOS C02.4 Lingual tonsil	SSF1, SSF9-10
	Anterior 2/3 of Tongue, Tip, Border, and Tongue, NOS	C02.0-C02.3, C02.8-C02.9 C02.0 Dorsal surface of tongue, NOS C02.1 Border of tongue C02.2 Ventral surface of tongue, NOS C02.3 Anterior 2/3 of tongue, NOS C02.8 Overlapping lesion of tongue C02.9 Tongue, NOS	SSF1, SSF7, SSF9-10
	Gum, Upper	C03.0	SSF1, SSF7, SSF9-10
	Gum, Lower and Retromolar Area Retromolar gingiva (trigone)	C03.1, C06.2 C03.1 Lower gum C06.2 Retromolar area	SSF1, SSF 7, SSF9-10
	Gum, NOS	C03.9	SSF1, SSF7, SSF9-10

8.9 臨床淋巴結外侵犯狀態

修訂編碼指引第八點之第三、四小點：(p.24-25)

• 影像檢查之ENE判定：

- 臨床N category判定為cN1-3，影像報告或相關病歷紀錄註明無ENE(+)，則第二碼編碼為0。
- 影像檢查報告淋巴結外侵犯的特徵包括：(A)周遭脂肪浸潤，(B)淋巴結融合，(C)周遭血管侵犯，(D)周遭肌肉侵犯，(E)周遭神經侵犯，(F)周遭其他結構/器官侵犯，(G)皮膚侵犯。
- 臨床期別N類別是cN1-3(淋巴結被侵犯)，影像學檢查描述為ENE(+)且亦描述淋巴結外侵犯下列A-G中任一特徵時，則第二碼應編碼為1。
- 臨床期別N類別是cN1-3(淋巴結被侵犯)，影像學檢查描述為ENE(+)，但無描述淋巴結外侵犯下列A-G中任一特徵時，則第二碼應編碼為2。