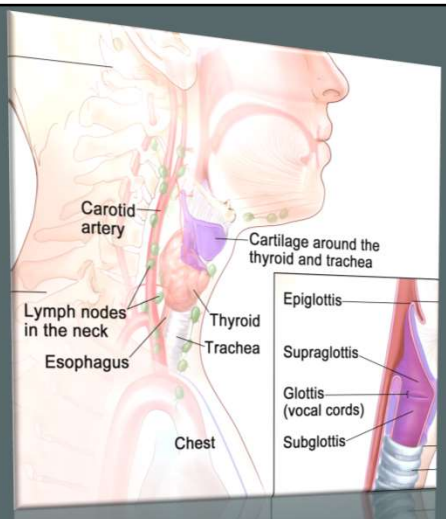

Head and Neck 2023

VICKI HAWHEE, CTR
MARY O'LEARY, CTR
JIM HOFFERKAMP, CTR
1/12/2023

1

Q&A

- Please submit all questions concerning the webinar content through the Q&A panel.
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

2

2

Fabulous Prizes

3

3

Guest Presenter

- Vicki Hawhee, MEd, CTR
  - QA Manager, Cancer Data Center at Miami Cancer Institute
- Mary O'Leary, CTR
  - Education Specialist, Cancer Data Center at Miami Cancer Institute

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Agenda

General Head/Neck information
Case 1
Case 2
Case 3
Coding Jeopardy

5

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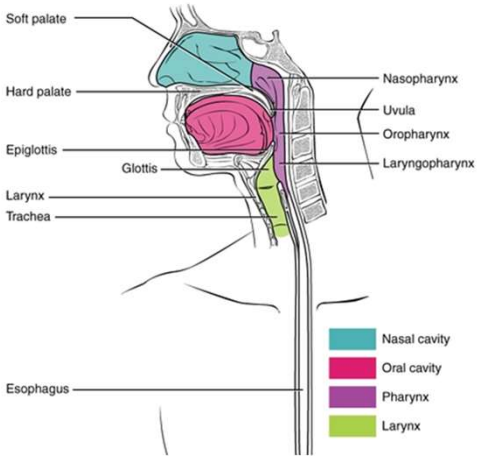
Head and Neck Sites

Thank you to Lois Dickie for sharing her slides from the Delaware Educational Meeting 04/2021



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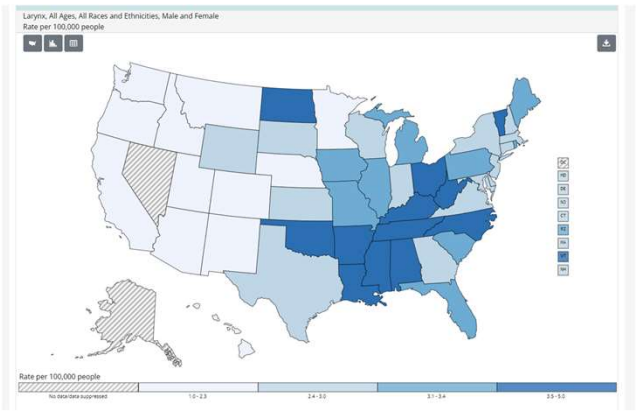
6

USCS Data Visualizations - CDC



In **2019**, the latest year for which incidence data are available, in the **United States**, **12,077 new cases of** Laryngeal cancer were reported, and **3,811 people died** of this cancer. For every 100,000 **people, 3 new Laryngeal cancer cases were reported** and **1 people died** of this cancer

7

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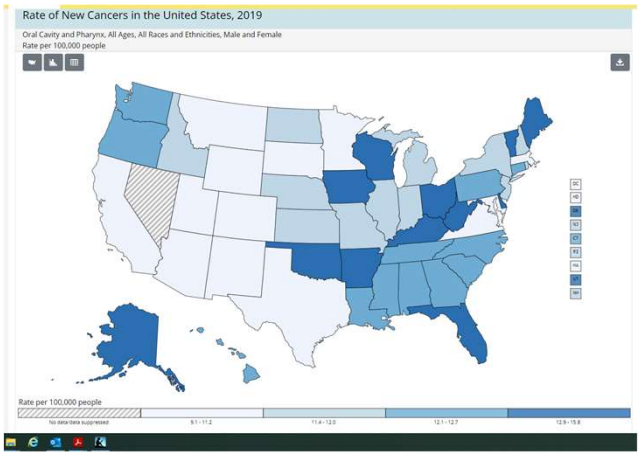
USCS Data Visualizations - CDC



In **2019**, the latest year for which incidence data are available, in the **United States**, **47,813 new cases of** Oral Cavity and Pharynx cancer were reported, and **10,492 people died** of this cancer. For every 100,000 **people, 12 new Oral Cavity and Pharynx cancer cases were reported** and **3 people died** of this cancer.

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Risk factors for Head/Neck Cancers

- Tobacco Use
- Alcohol Use
- Tobacco + Alcohol = highest risk
- HPV (Human Papillomavirus infection)
- Overweight
- Nutrition
- Workplace Exposures
- 5X more common in men than women

- How Can I Get Throat Cancer? | Throat Cancer Risk Factors
- (from Cancer.org)

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Head and Neck Primary Sites (79 sites + thyroid)

C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01.9
C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9
C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9
C06.0, C06.1, C06.2, C06.8, C06.9, C07.9
C08.0, C08.1, C08.8, C08.9, C09.0, C09.1, C09.8, C09.9
C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9
C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12.9
C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8
C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9

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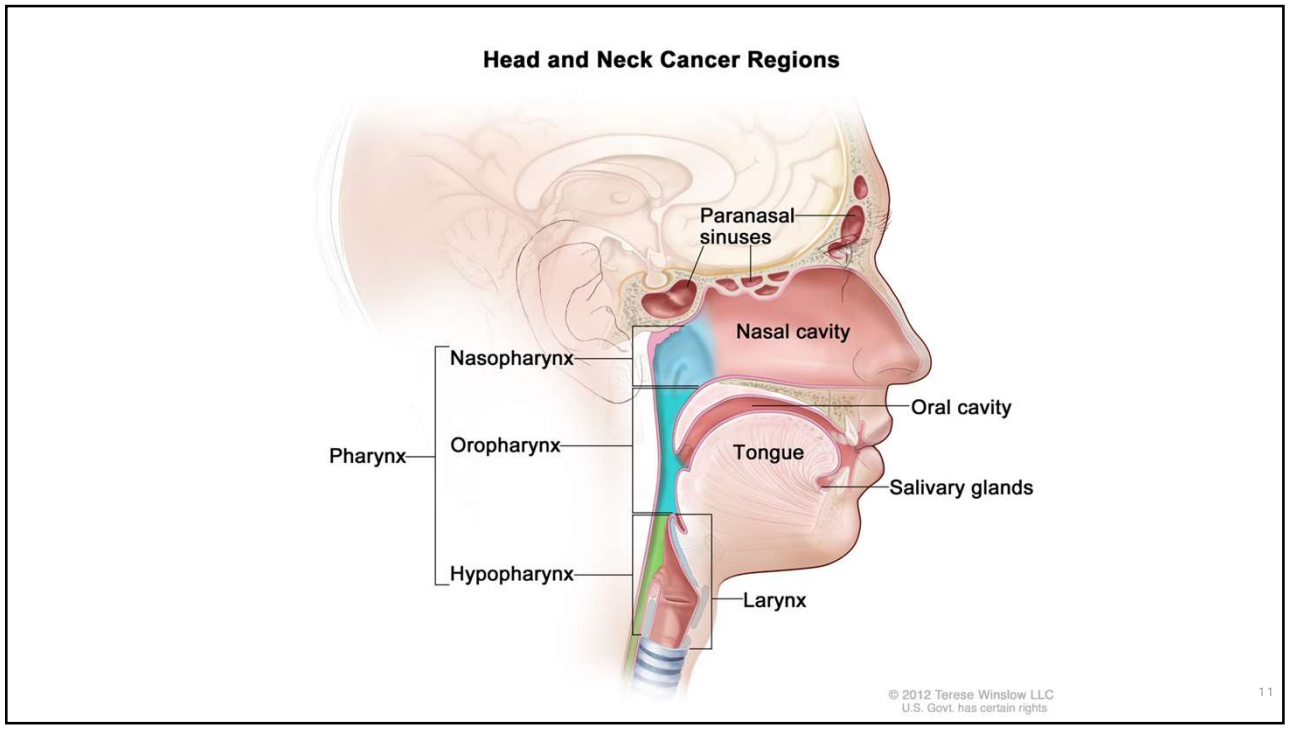

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Determining Primary Site: Why is it Difficult?

(Thank you Lois Dickie and the solid tumor rules)

- Workups (PE, scans, endoscopies, biopsies) each provide a unique view of the tumor, as a result, the medical record often contains conflicting documentation on the primary site.
- The sites/organs are small and right next to each other. Tumors frequently extend into adjacent anatomic sites or overlap multiple contiguous sites.

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What should you do when there is conflicting information about the primary site?

Priority Order for Identifying Primary Site When There is Conflicting Information

Note: Record primary site based on the most definitive indication of primary site in the medical documentation and use the priority order when there is conflicting info without a definitive statement.

1. **Tumor Board**
   A. Specialty
   B. General
2. **Tissue/pathology** from tumor resection or biopsy
   A. Operative report
   B. Addendum and/or comments on tissue/pathology report
   C. Final diagnosis on issue/pathology report
   D. CAP protocol/summary
3. **Scans**
   A. CT
   B. MRI
   C. PET
4. **Physician documentation**. Use the documentation in the following priority order:
   A. Physician's **reference** in medical record to primary site from **original pathology, cytology, or scan(s), any other documentation**
   B. Physician's **reference** to primary site in the medical record
5. Use Tables 1-9 to assist in assigning primary site when a **SINGLE** lesion overlaps two or more sites.
   A. Go to the appropriate table for each involved site (use the hyperlinked index below).
   B. Compare the histology diagnosis to the histologies in the table for each of the involved sites.
   C. When the histology diagnosis is listed for only one primary site (only listed in one table), code that primary site.
6. When the primary site cannot be determined using previous instructions, code as follows for an overlapping lesion:
   A. **C028** Overlapping lesion of tongue (See Table 4 for subsites of the tongue)
   B. **C058** Overlapping lesion of palate, junction of hard and soft palate (See Table 4 for subsites of the palate)
   C. **C088** Overlapping lesion of major salivary glands (See Table 6 for specific salivary glands)
   D. **C148** Overlapping lesion of lip, oral cavity and pharynx
   Note: Codes and terms for overlapping lesions C__8 are **not** included in the **tables**
7. Code to the NOS region
   A. **C069** Mouth NOS (See Table 4 for mouth subsites)
   B. **C089** Major Salivary Gland NOS (See Table 6 for specific salivary glands)
   C. **C099** Tonsil NOS (See Table 5 for tonsil subsites)
   D. **C109** Oropharynx NOS (See Table 5 for oropharynx subsites)
   E. **C119** Nasopharynx NOS (See Table 2 for nasopharynx subsites)

F. **C139** Hypopharynx NOS (See Table 3 for hypopharynx subsites)
G. **C140** Pharynx NOS

Note: Pharynx NOS includes the oropharynx, nasopharynx, and hypopharynx.

H. **C760** Head, face, or neck NOS (organs involved unknown/not documented)
Note: This code is used in circumstances such as biopsy of lymph node and no information about primary site
- Patient lost to follow-up; no further information available
- Patient/family declined further work-up or treatment

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Why is choosing the correct primary site so important?

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Table Index

Table Number	Table Title
Table 1	Tumors of Nasal Cavity **C300** Paranasal Sinuses **C310-C313, C318, C319**
Table 2	Tumors of Nasopharynx **C110, C111 (posterior wall of nasopharynx only), C112, C113, C118, C119**
Table 3	Pyriform Sinus **C129** Tumors of Hypopharynx **C130-C132, C138, C139** Larynx **C320-C323, C328, C329** Trachea **C339** and Parapharyngeal Space **C139**
Table 4	Tumors of Oral Cavity and mobile tongue **C020-C023, C028, C029, C030, C031, C039, C040, C041, C048, C049, C050-C052, C058, C059, C060-C062, C068, C069**
Table 5	Tumors of Oropharynx **C100-C104, C108 C109** Base of Tongue **C019, Lingual Tonsil C024,** Tonsils **C090, C091, C098, C099** Adenoids/pharyngeal tonsil only **C111**
Table 6	Tumors of Salivary Glands **C079, C080, C081, C088, C089**
Table 7	Tumors of Odontogenic and Maxillofacial Bone (Mandible **C411**, Maxilla **C410**)
Table 8	Tumors of Ear **C301**
Table 9	Paraganglioma of Carotid body, Larynx, Middle Ear, Vagal nerve **C479**
Table 10	Paired Sites

<u>Summary Stage</u>

Unknown primary tumor
Lip
Tongue Anterior
Gum
Floor of Mouth
Palate hard
Buccal Mucosa
Nasal Cavity/Paranasal
Larynx Supraglottic
Larynx Subglottic
Mouth Other
Major Salivary
Nasopharynx
Oropharynx
Hypopharynx
Pharynx Other
Middle ear
Sinus other
Larynx Glottic
Larynx Other

<u>AJCC</u>

Chapter 5 – Staging H/N
Chapter 6 – Cervical nodes/unknown primary
Chapter 7 – Oral cavity
Chapter 8 - Major Salivary Glands
Chapter 9 – Nasopharynx
Chapter 10 – HPV Mediated (P16+) Oropharynx
Chapter 11 - (P16-) Oropharynx
Chapter 12 – Nasal Cavity and Paranasal sinuses
Chapter 13 - Larynx

Staging and Histology

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Schema ID Table

Schema ID#/Description	AJCC #/Chapter	SSDI #/Description	Years Applicable
00060: Cervical Lymph Nodes and Unknown Primary	**6:** Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck	**3926:** Schema Discriminator 1: Occult Head and Neck Lymph Nodes (primary site C760) **3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3876:** LN Head and Neck Levels I-III **3877:** LN Head and Neck Levels IV-V **3878:** LN Head and Neck Levels VI-VII **3879:** LN Head and Neck Other **3883:** LN Size	2018+ 2018+ 2018+ 2018+ 2018+ 2018+ 2018+ 2018+
00071: Lip **00072:** Tongue Anterior **00073:** Gum **00074:** Floor of Mouth **00075:** Palate Hard **00076:** Buccal Mucosa **00077:** Mouth Other	**7:** Oral Cavity	**3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+
00080: Major Salivary Glands	**8:** Major Salivary Glands	**3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+
00090: Nasopharynx	**9:** Nasopharynx	**3926:** Schema Discriminator 1: Nasopharynx/PharyngealTonsil **3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+ 2018+
00100: Oropharynx HPV-Mediated (p16+)	**10:** HPV-Mediated (p16+) Oropharyngeal Cancer (See Oropharynx)	**3926:** Schema Discriminator 1: Nasopharynx/PharyngealTonsil **3927:** Schema Discriminator 2: Oropharyngeal p16 **3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+ 2018+ 2018+

SSDI

Schema ID#/Description	AJCC #/Chapter	SSDI #/Description	Years Applicable
00111: Oropharynx (p16-)	**11:** Oropharynx (p16-) and Hypopharynx (See Oropharynx)	**3926:** Schema Discriminator 1: Nasopharynx/PharyngealTonsil **3927:** Schema Discriminator 2: Oropharyngeal p16 **3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+ 2018+ 2018+
00112: Hypopharynx	**11:** Oropharynx (p16-) and Hypopharynx (See Hypopharynx)	**3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+
00118: Pharynx Other	No AJCC Chapter	No SSDIs defined for this Schema ID	NA
00119: Middle Ear	No AJCC Chapter	No SSDIs defined for this Schema ID	NA
00121: Maxillary Sinus **00122:** Nasal Cavity and Ethmoid Sinus	**12:** Nasal Cavity and Paranasal Sinuses	**3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+
00128: Sinus Other	No AJCC Chapter	No SSDIs defined for this Schema ID	NA
00130: Larynx Other **00131:** Larynx Supraglottic **00132:** Larynx Glottic **00133:** Larynx Subglottic	**13:** Larynx	**3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3883:** LN Size	2018+ 2018+ 2018+
00140: Melanoma Head and Neck	**14:** Mucosal Melanoma of the Head and Neck	**3831:** Extranodal Extension Head and Neck Clinical **3832:** Extranodal Extension Head and Neck Pathological **3876:** LN Head and Neck Levels I-III **3877:** LN Head and Neck Levels IV-V **3878:** LN Head and Neck Levels VI-VII **3879:** LN Head and Neck Other **3883:** LN Size	2018+ 2018+ 2018+ 2018+ 2018+ 2018+
00150: Cutaneous Carcinoma of the Head and Neck	**15:** Cutaneous Carcinoma of the Head and Neck	**3858:** High Risk Histologic Features **3883:** LN Size **3909:** Perineural Invasion	2018+ 2018+ 2018+

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Surgery Codes

- Oral Cavity Codes
- Parotid and Other Unspecified Glands Codes
- Pharynx Codes
- Larynx Codes
- All Other Sites codes (nasal cavity, middle ear, sinuses)

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Radiation Data Items (STORE manual)

Code	Label	Definition
01	Neck Lymph node	The primary treatment is directed at lymph node regions of the neck.
10	Eye/Orbit/Optic Nerve	Treatment is directed at all or a portion of the eye, orbit and/or optic nerve.
20	Nasopharynx	Treatment is directed at all or a portion of the nasopharynx
21	Oral Cavity	Treatment is directed at all or a portion of the oral cavity, including the lips, gingiva, alveolus, buccal mucosa, retromolar trigone, hard palate, floor of mouth and oral tongue.
22	Oropharynx	Treatment is directed at all or a portion of the oropharynx, including the soft palate, tonsils, base of tongue and pharyngeal wall
23	Larynx (glottis) or hypopharynx	Treatment is directed at all or a portion of the larynx and/or hypopharynx
24	Sinuses/Nasal Tract	Treatment is directed at all or a portion of the sinuses and nasal tract, including the frontal, ethmoid, sphenoid, and maxillary sinuses
29	Head and neck (NOS)	The treatment volume is directed at a primary tumor of the head and neck, but the primary sub-site is not a head and neck organ identified by codes 20-26 or it is an "unknown primary".

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Laterality

- Paired
- Parotid Gland
- Submandibular Gland
- Sublingual gland
- Tonsil (fossa, pillar, overlap)
- Nasal Cavity
- Middle ear
- Sinus

- Not Paired
- Oral cavity
- Base of tongue, anterior tongue
- Upper and lower gum
- Floor of mouth
- Palate
- Hypopharynx
- nasopharynx

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Grade/Grade Tables

- 01 (lip, anterior tongue, gum, floor of mouth, hard palate, buccal mucosa)
- 02 (oropharynx p16-, hypopharynx)
- 98 (cervical nodes with unknown primary, salivary glands, nasopharynx, p16+ oropharynx)
- 99 (pharynx other, middle ear, sinus other)

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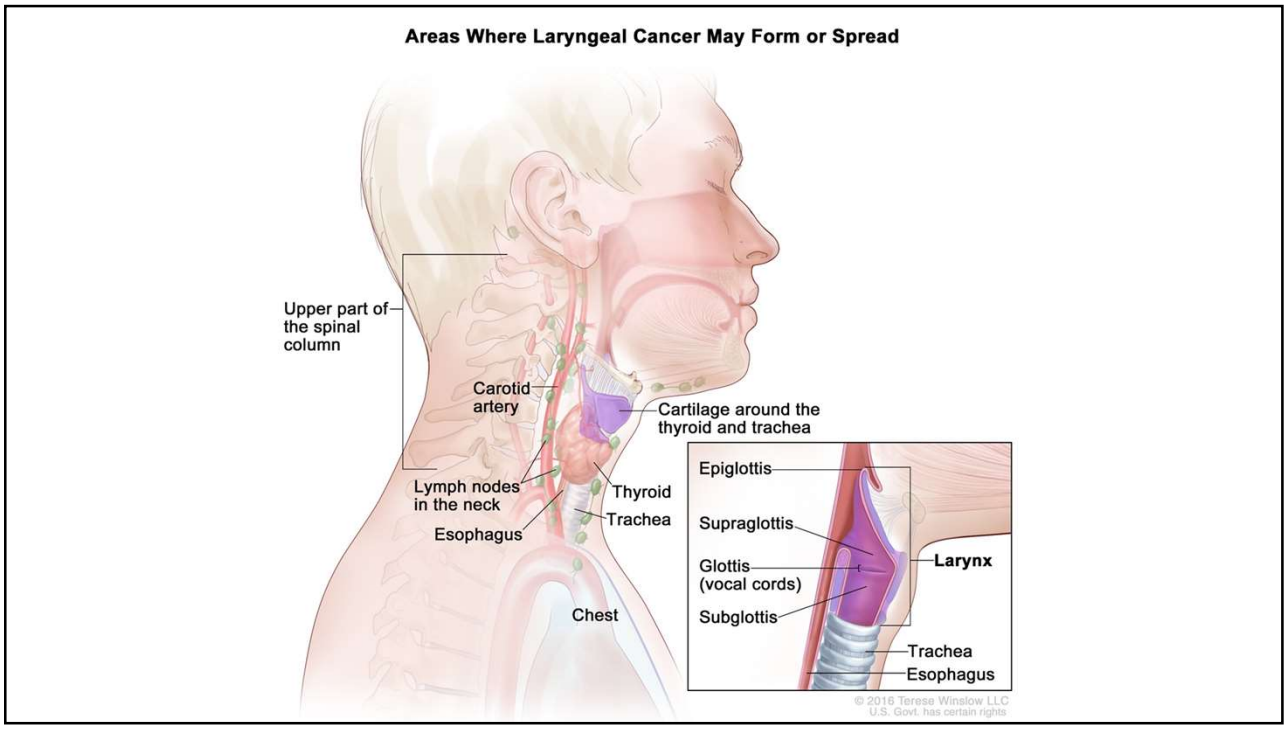
Areas Where Laryngeal Cancer May Form or Spread
Upper part of the spinal column
Carotid artery
Cartilage around the thyroid and trachea
Lymph nodes in the neck
Thyroid
Trachea
Esophagus
Chest
Epiglottis
Supraglottis
Glottis (vocal cords)
Subglottis
Larynx
Trachea
Esophagus
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Case 1

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Physical Exam

58YOF presented with a right neck mass.

On 4/4/19, presented to hematology oncologist due to easy bruising. Physician noticed an enlarged **mobile 3cm lymph node** in the submandibular region, somewhat posterior, **firm but not rock hard. There are no oral lesions.** Malignant process needs to be excluded. She will need to have this resected.

Xray

5/15/19 CT Neck, over 3cm mass right carotid space. Possibilities include glomus vagale, schwannoma, and solitary enlarged ln.

5/17/19 Neck MRI lobulated **3.7cm mass** at right carotid space, favor possible LN metastasis. Possible 7mm lesion associated with right epiglottis.

6/10/19 PET intense uptake **large 2.8cm rt level 2 LN**, and **smaller adjacent 9mm LN within the right neck.** C/w bx proven metastatic SCC. No FDG avid mucosal lesions. Nodular opacity right upper lobe of lung could be inflammatory.

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Scope

7/1/19 direct laryngoscopy with bxs tongue base, and right tonsillectomy: right and left piriform sinus, postcricoid esophagus, glottis, all appeared free of tumor. No subglottic lesions seen. Oropharynx including tongue base, no mucosal abnormalities. Blind cup forceps bx of right tongue base taken. cystic lesion on epiglottis, biopsied with cup forceps. Palpation of right tonsillar fossa, nodularity identified. Rt tonsillar fossa excised. Decision not to do rt selective neck dissection given close proximity to pharynx.

Pathology

5/23/19 right cervical LN core bx, SCC poorly diff, c/w a metastasis.

p16 negative.

7/1/19 BXS lingual surface epiglottis, rt tongue, rt tonsillectomy, **all benign**

Staged by Med Onc cT0 cN2b cM0

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Chemotherapy

8/27/19 Cisplatin, 60mg

Radiation

Radiation 6X photons to oropharynx/head and neck

Start 8/26/19- End 10/15/19 Total: H&N 6X to 70gy

Photons, VMAT to Oropharynx; elsewhere says to "Head and Neck"

Phase 1: 70gy at 2gy/fraction X 35 fractions

Phase 2: 63gy at 1.8gy/fraction X 35 fractions

Phase 3: 56gy at 1.6gy/fraction X 35 fractions

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Primary Site

	EBV Positive	EBV Negative	EBV Unknown
P16 Positive	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C10.9 Oropharynx (Schema ID 00100: Oropharynx HPV-Mediated (p16+))	C10.9 Oropharynx (Schema ID 00100: Oropharynx HPV-Mediated (p16+))
P16 Negative	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)
P16 Unknown	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)

Coding Instructions and Codes

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Primary Site	C76.0	Histology	8070/3
Grade Clinical	9	Grade Pathological	9
Tumor Size	000		
Clinical Staging	cT0 cN2b(f) cM0	Pathologic Staging	BLANK
Clinical Stage Group	4A	Pathologic Stage Group	99
SS2018	3	EOD Primary Tumor	800
EOD Regional Nodes	250	EOD Mets	00
Regional Nodes Positive	95	Reg Nodes Examined	95

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Schema Discriminator 1

Code	Description	Disease
0	Not Occult	EOD/SS schema (Ill-Defined, Other; Soft Tissue Other for 8941)
1	Occult, Negative cervical nodes (regional head and neck nodes)	EOD/SS schema (Ill-Defined, Other; Soft Tissue Other for 8941)
2	Not tested for EBV or p16 in head and neck regional nodes (EBV and p16 both unknown)	6: Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
3	Unknown EBV, p16 negative in head and neck regional nodes	6: Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
4	Unknown p16, EBV negative in head and neck regional nodes	6: Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
5	Negative for both EBV and p16 in head and neck regional nodes	6: Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
<Blank>	Not C760, discriminator does not apply Positive p16 in head and neck regional nodes, EBV unknown or negative Assign primary site C109 Positive EBV in head and neck regional nodes, p16 positive, negative, or unknown Assign primary site C119	Various 10: HPV-Mediated (p16+) Oropharyngeal Cancer (C109) **(Schema ID 00100: Oropharynx HPV-Mediated (p16+))** 9: Nasopharynx (C119) **(Schema ID 00090: Nasopharynx)**

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ENE Clinical

- **Coding guidelines**
- Code 0 when there are positive nodes clinically, but ENE not identified/not present.
- Code 1 when there are positive nodes clinically, ENE is identified by physical exam WITH or WITHOUT imaging
- Code 2 when there are positive nodes clinically, ENE is identified by biopsy (microscopically confirmed)
- Code 4 when there are positive nodes clinically, ENE is identified, but not known how identified
- Code 7 when nodes are clinically negative (cN0)
- Code 9 when no information, not assessed clinically, unknown if assessed clinically

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Head and Neck Regional Nodes

- LN Head and Neck Levels I-III [NAACCR Data Item #3876]
- LN Head and Neck Levels IV-V [NAACCR Data Item #3877]
- LN Head and Neck Levels VI-VII [NAACCR Data Item #3878]
- LN Head and Neck Other [NAACCR Data Item #3879]

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LN Size

- Code the largest diameter of any involved regional lymph nodes for head and neck (cervical lymph nodes). The measurement can be pathological, if available, or clinical.
- Code 0.0 when no regional lymph nodes are involved
- Code XX.1 for 100 millimeters (10 cm) or greater
- Code XX.2 for microscopic focus or foci only and no size of focus given
- Code XX.3 for lymph node met less than 1 cm (10 mm)
- Code XX.9 when
- ○ Positive lymph nodes but size not stated
- ○ No information about regional lymph nodes
- ○ Lymph nodes not assessed or unknown if assessed

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Schema Discriminator 1	3	ENE Clinical	0
ENE Pathological	X.9	LN Size of mets	28.0
LN H/N levels I-III	2	LN H/N levels IV-V	0
LN H/N levels VI-VII	0	LN H/N Other	0
D/S Proc and Surg Primary	00	Scope RLN Surgery	1
Radiation		Chemotherapy	02
Primary Treatment Volume	29 29 29	Dose Per Fraction	00200 00180 00160
Draining Lymph Nodes	01 01 01	Fractions	035 035 035
Modality (photons)	02 02 02	Total Dose	007000 006300 005600
EB Planning Tech (IMRT)	05 05 05		

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Case 2

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03/12/2022 HOSPITAL A ER – PATIENT PRESENTED TO THE ED WITH NECK GROWTH THAT STARTED 2 MONTHS AGO OF GRADUAL ONSET. THE MASS IS LOCATED TO THE LEFT ANTERIOR NECK. ON PE TODAY THERE IS ANTERIOR CERVICAL ADENOPATHY, LEFT INDURATED, NONTENDER, FIXED MASS ON THE LEFT ANTERIOR AREA. PATIENT RECOMMENDED TO FOLLOW UP WITH HIS PCP FOR FURTHER WORKUP AND BIOPSY.

03/12/2022 HOSPITAL A – NECK CT – EXTENSIVE LEFT CERVICAL ADENOPATHY NOTED IN A LEVEL 2 THROUGH 4 DISTRIBUTION WITH ENHANCING POSSIBLY NECROTIC NODES PRESENT, LARGEST 4 CM. ASYMMETRIC FULLNESS IN THE LEFT TONSILLAR FOSSA RAISING THE POSSIBILITY THAT THE ADENOPATHY IS ON THE BASIS OF UNDERLYING NEOPLASTIC ETIOLOGY, DIRECT VISUALIZATION IS ADVISED.

03/27/2022 HOSPITAL B- WHITE HISPANIC MAN PRESENTED TO AN OUTSIDE ED WITH NECK GROWTH THAT STARTED 2 MONTHS AGO OF GRADUAL ONSET. THE MASS IS LOCATED TO THE LEFT ANTERIOR NECK. ON PE TODAY THERE IS ANTERIOR CERVICAL ADENOPATHY, LEFT INDURATED, NONTENDER, FIXED MASS ON THE LEFT ANTERIOR AREA. PT HAS PATHOLOGIC APPEARING LEFT SIDED ADENOPATHY WITH A LEFT TONGUE BASE/GLOSSOTONSILLAR SULCUS FULLNESS, CONCERNING FOR OROPHARYNGEAL CARCINOMA VERSUS LYMPHOMA.

FLEXIBLE LARYNGOSCOPY – BASE OF TONGUE SYMMETRICAL, FULLNESS IN THE LEFT GLOSSOTONSILLAR SULCUS. NO OTHER ABNORMALITIES NOTED.

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04/06/2022 HOSPITAL B – ULTRASOUND GUIDED LEFT NECK LYMPH NODE FNA

POSITIVE FOR MALIGNANT CELLS, SQUAMOUS CELL CARCINOMA

P16 POSITIVE

HPV RNA ISH HIGH RISK DETECTED

04/18/2022 HOSPITAL B PET SCAN – INTENSE ACTIVITY IN THE LEFT TONSIL WITH MULTIPLE FDG AVID LEFT CERVICAL NODES. THE FINDINGS ARE SUSPICIOUS FOR A PRIMARY LEFT TONSILLAR CARCINOMA WITH ASSOCIATED IPSILATERAL REGIONAL NODAL METS. NO EVIDENCE OF CONTRALATERAL NODAL OR DISTANT METASTATIC DISEASE

04/25/2022 HOSPITAL B –PATIENT WAS PRESENTED IN MULTIDISCIPLINARY TUMOR BOARD, GIVEN THAT HE HAS BULKY ADENOPATHY WITH LIKELY EXTRANODAL EXTENSION ON IMAGING AS WELL AS BULKY PRIMARY TUMOR OF THE GLOSSOTONSILLAR SULCUS; UPFRONT CHEMOTHERAPY WITH XRT IS BEING RECOMMENDED FOR CURATIVE INTENT. RECOMMEND AGAINST SURGERY GIVEN THE HIGH RISK OF NEEDING ADJUVANT XRT AND POSSIBLY ADJUVANT CHEMO.

MED ONC NOTE - PATIENT WITH T1N1M0 HPV RELATED LEFT TONSIL SQUAMOUS CELL CARCINOMA P16+.

RAD ONC SCCA OF THE LEFT TONSIL/GT SULCUS CT2N1 P16+

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Need primary tumor size – could not find anywhere – wrote to MD and he stated it was 2-2.5 cm

05/10/2022 HOSPITAL B NECK MRI – LEFT JUGULAR CHAIN LYMPHADENOPATHY SHOWS NO CHANGE, POSSIBLE PRIMARY TUMOR AT THE JUNCTION OF THE LEFT BOT AND LEFT TONSIL, MAY BE THE CAUSE OF LYMPHADENOPATHY

05/21/2022 – 07/11/2022 HOSPITAL B CISPLATIN

HOSPITAL B - XRT WAS DELIVERED TO THE LEFT TONSIL AND BILATERAL NECK WITH PROTONS IMRT TECHNIQUE, TOTAL OF 70 GY AT 2 GY PER FRACTION, TOTAL OF 35 FRACTIONS FROM 05/22/2022 TO 07/17/2022

TREATMENT SUMMARY

05/22/2022-06/13/2022 LEFT TONSIL 70P 2 GY PER FRACTION, 15 FRACTIONS, TOTAL DOSE 30 GY

06/14/2022-06/20/2022 LEFT TONSIL 70 P 2 GY PER FRACTION, 5 FRACTIONS, TOTAL DOSE 10 GY

06/21/2022 – 06/29/2022 LEFT TONSIL BOOST 70 P 2 GY PER FRACTION, 5 FXS, TOTAL DOSE 10 GY

07/01/2022 - 07/17/2022 LEFT TONSIL BOOST 70P 2 GY PER FRACTION, 10 FXS, TOTAL DOSE 20 GY

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Primary Site

- Identifying the primary site is **difficult** because:
- • Workups (PE scans, endoscopies, biopsies) each provide a unique view of the tumor, therefore the medical record often contains conflicting documentation on the primary site.
- • The sites/organs are small and right next to each other. Tumors frequently extend into adjacent anatomic sites, or overlap multiple contiguous sites.

- **Priority Order for Identifying Primary Site When There is Conflicting Information**
- ***Note:*** Record primary site based on the most definitive indication of primary site in the medical documentation and use the priority order when there is conflicting info without a definitive statement.
- 1. **Tumor Board**
- A. Specialty
- B. General

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SEER Program Coding and Staging Manual 2023
Primary Site

Primary Site/Histology	Topography Code
Ampullary/peri-ampullary	C241
Anal margin	C445
Anal verge	C211
Angle of the stomach	C162
Angular incisura of stomach	C163
Back of tongue	C019
Book-leaf lesion (mouth)	C068
Clavicular skin	C445
Colored / lipstick portion of upper lip	C000
Cutaneous leiomyosarcoma	C44_
Distal conus	C720
Edge of tongue	C021
Frontoparietal (brain)	C718
Gastric angular notch (incisura)	C163
Gastrohepatic ligament	C481
Genu of pancreas	C250
Glossotonsillar sulcus	C109
Incisura, incisura angularis	C163
Infrahilar area of lung	C349
Interarytenoid space	C329
Interhemispheric fissure (cerebrum)	C710

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New for 2022

- 1. The 2018 Solid Tumor Head and Neck Rules, Table 5, instruct squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RA. P16 was not a valid test to assign these codes. **Beginning with cases diagnosed 1/1/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086.**

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Primary Site	C10.9	Histology	8085/3
Grade Clinical	9	Grade Pathological	9
Tumor Size	023		
Clinical Staging	cT2 cN1(f) cM0	Pathologic Staging	BLANK
Clinical Stage Group	I	Pathologic Stage Group	99
SS2018	3	EOD Primary Tumor	100
EOD Regional Nodes	300	EOD Mets	00
Regional Nodes Positive	95	Reg Nodes Examined	95

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Schema Discriminator 2	2	ENE Clinical	1
ENE Pathological	X.9	LN Size of mets	40.0
Diagnostic/Staging Proc	0	Surgery of Primary Site	0
Scope RLN Surgery	1	Chemotherapy	02
Hormone Therapy	0	Immunotherapy	0
Radiation			
Primary Treatment Volume	22 22	Dose Per Fraction	00200 00200
Draining Lymph Nodes	01 01	Fractions	020 015
Modality (protons)	03 03	Total Dose	004000 003000
EB Planning Tech (IMRT)	05 05		

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Case 3

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Physical Exam

- 9/10/21 ENT office, patient noted fullness rt neck 1 month ago. Seen in ER, noted 3.5cm mass, possible LN rt level 2 on CT. "never smoker." No oral cavity lesions.

- XRAY
- 9/4/21 CT neck, right 3.5cm soft tissue mass suspicious for level 2 enlarged LN, neoplastic origin is suspected, tissue bx may be warranted. Differential includes lymphoma.
- 10/18/21 PET focal asymmetric uptake right palatine tonsil concerning for primary site of malignancy. Recommend tissue sampling. Rt level II cervical chain metastatic to a lymph node. No distant metastasis.

- Laryngoscopy
- 9/10/21 ENT office laryngoscopy, exam of larynx, normal. pharyngeal walls, normal. pyriform sinuses normal. BOT normal. Nasopharynx normal. hypopharynx, normal.

- Operative report
- 11/2/21 Right tonsil tumor approximately 2cm, excised, and grossly pathological level 2 LN.

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Surgery

11/2/21 transoral robotic radical right tonsillectomy, rt neck dissection levels 2-4 (26 LNS)

Path

9/27/21 right neck mass biopsy, metastatic pd SCC, patchy non-diffuse staining for p16, argues against HPV related neoplasm.

HPV RNA ISH High risk, detected

low risk not detected

11/2/21 right radical tonsillectomy, rt tonsil, SCC "very focally keratinizing" poorly diff, up to 1cm in linear extent. p16 positive.

grade 3/3 poorly diff

margins negative > 2mm

Suspicious for LVI

HPV RNA ISH High risk detected; hpv rna ish 16/18 high risk, detected. Low risk not detected.

No perineural invasion

right neck dissection, 07+ of 24 LNS with metastatic carcinoma up to 19mm, with focal extranodal extension (10mm).

Gross description, numerous lymph nodes up to 3 cm are identified within the soft tissue. The largest 3 cm lymph node is sectioned to reveal tan cut surfaces. ***New Information

00 of 02 right level 2B lns.

Pathologist: positive LNS are ipsilateral including midline

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Stage

Clinically stgd by oncologist T1 N1 M0 rt tonsil SCC.

Stgd by pathologist pT1 N2

Chemo

12/28/21 Cisplatin 75mg

Radiation

12/28/21-2/9/22 Photons VMAT Total 60gy postop tonsil

Site "oropharynx"

30 fxs, 2gy per fx, 60gy

30 fxs, 1.8gy per fx, 54gy

11/19/21 Rad onc note, presented to TB, recomm bilateral neck radiation and chemotherapy

Decision for adjuv chemo radiation due to presence of extranodal extension on pathology.

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Primary Site	C09.9	Histology	8085/3
Grade Clinical	9	Grade Pathological	C
Tumor Size	010	Laterality	1
Clinical Staging	cT1 cN1(f) cM0	Pathologic Staging	pT1 pN2 cM0
Clinical Stage Group	I	Pathologic Stage Group	2
SS2018	3	EOD Primary Tumor	100
EOD Regional Nodes	500	EOD Mets	00
Regional Nodes Positive	07	Reg Nodes Examined	26

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Schema Discriminator 2	2	ENE Clinical	0
ENE Pathological	X.1	LN Size of mets	30.0
Diagnostic/Staging Proc	0	Surgery of Primary Site	31
Scope RLN Surgery	5	Chemotherapy	02
Hormone Therapy	0	Immunotherapy	0
Radiation			
Primary Treatment Volume	22 22	Dose Per Fraction	00200 00180
Draining Lymph Nodes	01 01	Fractions	030 030
Modality (photons)	02 02	Total Dose	006000 005400
EB Planning Tech (IMRT)	05 05		

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Let's Play Head and Neck Jeopardy

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#1 Pathological Grade 3

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

- Patient with swollen tonsils, biopsy done identifies a p16- high grade squamous cell carcinoma, patient undergoes tonsillectomy with a high grade p16- squamous cell carcinoma.

- Patient with swollen tonsils, biopsy done identifies a p16- poorly differentiated squamous cell carcinoma, scans identified bone mets, patient placed on systemic therapy

- Patient with swollen tonsils, biopsy done identifies a p16- poorly differentiated squamous cell carcinoma, patient undergoes tonsillectomy that identifies an undifferentiated squamous cell carcinoma.

- Patient with swollen tonsils, biopsy done identifies a p16- poorly differentiated squamous cell carcinoma, scans identified bone mets, bone biopsy shows metastatic mod diff squamous cell carcinoma.

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#1 Pathological Grade 3

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

- Patient with swollen tonsils, biopsy done identifies a p16- high grade squamous cell carcinoma, patient undergoes tonsillectomy with a high grade p16- squamous cell carcinoma. Pathological Grade 9

- Patient with swollen tonsils, biopsy done identifies a p16- poorly differentiated squamous cell carcinoma, scans identified bone mets, patient placed on systemic therapy Pathological grade 9 (no resection of primary site)

- Patient with swollen tonsils, biopsy done identifies a p16- poorly differentiated squamous cell carcinoma, patient undergoes tonsillectomy that identifies an undifferentiated squamous cell carcinoma. Pathological grade 4 (undifferentiated)

- Patient with swollen tonsils, biopsy done identifies a p16- poorly differentiated squamous cell carcinoma, scans identified bone mets, bone biopsy shows metastatic mod diff squamous cell carcinoma.

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Grade Manual Page 33

- ***Note 1:*** *Only use the table below when the appropriate grade table for a cancer uses the generic categories with alphabetic codes A-D, OR for a cancer site which includes codes A-D for when the priority grade system was not used/documented. In addition, do not use the table below for a cancer that uses the generic categories but assigns numeric codes. The latter condition means that the site uses nuclear grading for which the alphabetic codes are not appropriate.*

- *High grade can be converted to a "D"*

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

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Grade Manual (Grade Pathological page 29)

- **Note 5:** Use the grade from the **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection
- **Behavior**
- ○ Tumor behavior for the clinical and the pathological diagnoses are the same AND the clinical grade is the highest grade
- ○ Tumor behavior for clinical diagnosis is invasive, and the tumor behavior for the pathological diagnosis is in situ
- **Surgical Resection**
- ○ Surgical resection is done of the primary tumor and there is no grade documented from the surgical resection
- ○ Surgical resection is done of the primary tumor and there is no residual cancer
- **No Surgical Resection**
- ○ Surgical resection of the primary tumor has not been done, but there is positive confirmation of distant metastases during the clinical time frame

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Code	Description
0.0	No involved regional nodes
0.1-99.9	0.1 – 99.9 millimeters (mm) (Exact size of lymph node to nearest tenth of a mm)
XX.1	100 millimeters (mm) or greater
XX.2	Microscopic focus or foci only and no size of focus given
XX.3	Described as "less than 1 centimeter (cm)"
XX.4	Described as "at least" 2 cm
XX.5	Described as "at least" 3 cm
XX.6	Described as "at least" 4 cm
XX.7	Described as greater than 5 cm
XX.8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX.8 will result in an edit error)
XX.9	Not documented in medical record Regional lymph node(s) involved, size not stated Lymph Nodes Size not assessed, or unknown if assessed

#2 SSDI - LN Size 72.0

- Patient presents with right neck mass, 6.5 cm on PE, 7.2 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 7 cm, size of mets in that node was 4.9 cm.

- Patient presents with right neck mass, 7.2 cm on PE, 6.5 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 7 cm, size of mets in that node was 6.5 cm.

- Patient presents with right neck mass, 6.5 cm on PE, 7.2 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 7.2 cm, size of mets in that node was 6.5 cm.

- Patient presents with right neck mass, 7.2 cm on PE, 6.5 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 8 cm, size of mets in that node was 7.2 cm.

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Code	Description
0.0	No involved regional nodes
0.1-99.9	0.1 – 99.9 millimeters (mm) (Exact size of lymph node to nearest tenth of a mm)
XX.1	100 millimeters (mm) or greater
XX.2	Microscopic focus or foci only and no size of focus given
XX.3	Described as "less than 1 centimeter (cm)"
XX.4	Described as "at least" 2 cm
XX.5	Described as "at least" 3 cm
XX.6	Described as "at least" 4 cm
XX.7	Described as greater than 5 cm
XX.8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX.8 will result in an edit error)
XX.9	Not documented in medical record Regional lymph node(s) involved, size not stated Lymph Nodes Size not assessed, or unknown if assessed

#2 SSDI - LN Size 72.0

- Patient presents with right neck mass, 6.5 cm on PE, 7.2 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 7 cm, size of mets in that node was 4.9 cm. 70.0

- Patient presents with right neck mass, 7.2 cm on PE, 6.5 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 7 cm, size of mets in that node was 6.5 cm. 70.0

- Patient presents with right neck mass, 6.5 cm on PE, 7.2 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 7.2 cm, size of mets in that node was 6.5 cm.

- Patient presents with right neck mass, 7.2 cm on PE, 6.5 cm on CT neck. Primary site identified in the right buccal mucosa. Patient had wide excision of the right buccal mucosa and a right LN dissection, 19 nodes were removed, largest was 8 cm, size of mets in that node was 7.2 cm. 80.0

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LN Size

- Code the largest diameter of any involved regional lymph nodes for head and neck (cervical lymph nodes). The measurement can be pathological, if available, or clinical.
- This data item is used to code the size of involved lymph nodes and is recorded in millimeters.
- **Note 2:** If the same largest involved node (or same level) is examined both clinically and pathologically, record the size of the node from the pathology report, even if it is smaller.
- **Note 3:** If the largest involved node is not examined pathologically, use the clinical node size.

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#3 Staging per Chapter 10 (HPV Mediated (p16+) oropharyngeal cancer

- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 done on the node and was positive, EBV was not done.
- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 done on the node and was positive, EBV also done on the node and was positive.
- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 not done on the node, EBV was done on the node and was positive.
- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 and EBV were not done.

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#3 Staging per Chapter 10 (HPV Mediated (p16+) oropharyngeal cancer

- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 done on the node and was positive, EBV was not done.

- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 done on the node and was positive, EBV also done on the node and was positive. C11.9 Nasopharynx Chapter 9

- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 not done on the node, EBV was done on the node and was positive. C11.9 Nasopharynx Chapter 9

- Patient presents with left neck mass, biopsy identified a node with squamous cell carcinoma. Extensive search ensued and no primary site was identified. P16 and EBV were not done. C76.0 Chapter 6

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	EBV Positive	EBV Negative	EBV Unknown
P16 Positive	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C10.9 Oropharynx (Schema ID 00100: Oropharynx HPV-Mediated (p16+))	C10.9 Oropharynx (Schema ID 00100: Oropharynx HPV-Mediated (p16+))
P16 Negative	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)
P16 Unknown	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)

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#4 Paraphyarngeal nodes

- Are regional and Included in the level VII group of nodes
- Are regional and included in the level VI group of nodes
- Are regional but not included in any of the groups I-VII
- Are not considered regional for head/neck sites

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#4 Paraphyarngeal nodes

- Are regional and Included in the level VII group of nodes
- Are regional and included in the level VI group of nodes
- Are regional but not included in any of the groups I-VII
- See AJCC page 59
- Are not considered regional for head/neck sites

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#5 A socket in the jaw for a tooth

- Gingiva
- Alveolus
- Buccal
- Palate

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#5 A socket in the jaw for a tooth

- Gingiva - the gums
- Alveolus
- Buccal - referring to the cheek
- Palate - the roof of the mouth

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#6 Floor of mouth primary **SS2018: 2**

- Invasive tumor, crosses Midline
- Invasive tumor extending to the deep muscle of the tongue
- Invasive tumor extending to the masticator space
- Invasive tumor extending to the lower gingiva

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#6 Floor of mouth primary **SS2018: 2**

- Invasive tumor, crosses Midline
- Invasive tumor extending to the deep muscle of the tongue
- Invasive tumor extending to the masticator space
- Invasive tumor extending to the lower gingiva

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Summary Stage Floor of mouth

SUMMARY STAGE

0 In situ: noninvasive, intraepithelial

1 Localized only (localized, NOS)

- Confined to floor of mouth, NOS
- Invasive tumor on one side confined to
  - Lamina propria
  - Submucosa
  - Tumor crosses midline

- Deep (extrinsic) muscle of tongue
  - Genioglossus
  - Geniohyoid
  - Hyoglossus
  - Mylohyoid
  - Palatoglossus
  - Styloglossus

2 Regional by direct extension only

- Anterior 2/3 of tongue
- Base of tongue
- Bone, NOS
  - Cartilage, NOS
  - Cortical bone (mandible, NOS)
  - Mandible, NOS
  - Periosteum of mandible
  - Trabecular bone (mandible, NOS)
- Epiglottis
- Gingiva (alveolar ridge), lower
- Glossoepiglottic fold
- Glossopharyngeal sulcus
- Lateral pharyngeal wall
- Pharyngeal (lingual) surface
- Pharyngoepiglottic fold
- Skin of undersurface of chin/neck
- Subcutaneous soft tissue of chin/neck
- Sublingual gland, including ducts
- Submandibular (submaxillary) glands, including ducts
- Tonsillar pillars and fossae
- Tonsils
- Vallecula

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

- Distant site(s) (including further contiguous extension)
  - Cortical bone (maxilla)
  - Internal carotid artery (encased)
  - Masticator space
  - Maxilla, NOS
  - Maxillary sinus (antrum)
  - Pterygoid plates
  - Skull base
  - Specified bone (other than mandible, maxilla)
  - Trabecular bone (maxilla)
- Distant lymph node(s), NOS
  - Mediastinal (excluding superior mediastinal node(s), Level VII)
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

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#7 Patient with a laryngeal primary tumor has a surgery that removes the involved true vocal cord, ipsilateral false vocal cord, intervening ventricle and ipsilateral thyroid along with part of the arytenoid.

- 30 Partial excision of the primary site NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 Vertical laryngectomy
- 32 Anterior commissure laryngectomy
- 33 Supraglottic laryngectomy

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision
- 28 Stripping

30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 Vertical laryngectomy
- 32 Anterior commissure laryngectomy
- 33 Supraglottic laryngectomy

40 Total or radical laryngectomy, NOS
- 41 Total laryngectomy ONLY
- 42 Radical laryngectomy ONLY

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#7 Patient with a laryngeal primary tumor has a surgery that removes the involved true vocal cord, ipsilateral false vocal cord, intervening ventricle and ipsilateral thyroid along with part of the arytenoid.

- 30 Partial excision of the primary site NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 Vertical laryngectomy
- 32 Anterior commissure laryngectomy
- 33 Supraglottic laryngectomy

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision
- 28 Stripping

30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 Vertical laryngectomy
- 32 Anterior commissure laryngectomy
- 33 Supraglottic laryngectomy

40 Total or radical laryngectomy, NOS
- 41 Total laryngectomy ONLY
- 42 Radical laryngectomy ONLY

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SEER Coding Manual

- 30 (A300) Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 (A310) Vertical laryngectomy
- 32 (A320)Anterior commissure laryngectomy
- 33 (A330) Supraglottic laryngectomy
- [SEER Note: Vertical laryngectomy: Removal of involved true vocal cord, ipsilateral false vocal cord, intervening ventricle, and/or ipsilateral thyroid and may include removal of the arytenoids.
- Supraglottic laryngectomy: Conservative surgery intended to preserve the laryngeal function. Standard procedure involves removal of epiglottis, false vocal cords, aryepiglottic folds, arytenoid cartilages, ventricle, upper one third of thyroid cartilage, and/or thyroid membrane. The true vocal cords and arytenoids remain in place to allow vocalization and deglutition.]
- Surgery Codes Larynx (cancer.gov)

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#8 Which of the following scenarios would necessitate abstracting TWO cases:

- A patient with two tumors in the larynx – biopsies of both show one is an epidermoid carcinoma and the other is a basaloid squamous cell carcinoma.
- A patient with a single large tumor of the posterior wall of the nasopharynx that shows lymphoepithelial carcinoma and basaloid squamous cell carcinoma.
- A patient with a lesion in the anterior tongue; excision 02/15/2022 shows a keratinizing (updated) squamous cell carcinoma in situ; 04/01/2022 another lesion is removed from the anterior tongue and shows an invasive keratinizing squamous cell carcinoma
- Two tumors in the larynx, one is a papillary squamous cell carcinoma and the other is a spindle cell squamous cell carcinoma.

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#8 Which of the following scenarios would necessitate abstracting TWO cases:

- A patient with two tumors in the larynx – biopsies of both show one is an epidermoid carcinoma and the other is a basaloid squamous cell carcinoma.
- **Rule M12** Abstract a **single primary** when separate/non-contiguous tumors **in the same primary site** are on **the same row** in the appropriate site table
- A patient with a single large tumor of the posterior wall of the nasopharynx that shows lymphoepithelial carcinoma and basaloid squamous cell carcinoma.
- **Rule M2** Abstract a **single primary** when there is a **single tumor**.
- A patient with a lesion in the anterior tongue; excision 02/15/2022 shows a keratinizing**(updated**) squamous cell carcinoma in situ; 04/01/2022 another lesion is removed from the anterior tongue and shows an invasive keratinizing squamous cell carcinoma
- **Rule M10** Abstract a **single primary** (the invasive) when an **invasive** tumor is diagnosed **less than or equal to 60** days **after** an **in situ** tumor **in the same primary site**.
- Two tumors in the larynx, one is a papillary squamous cell carcinoma and the other is a spindle cell squamous cell carcinoma.
- **Rule M7** Abstract **multiple primaries** when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3 of the appropriate site table

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Solid Tumor Rules Histology Table 3

	liposarcoma	
Squamous cell carcinoma (SCC) 8070	Epidermoid carcinoma Conventional Squamous cell carcinoma NOS	Adenosquamous carcinoma (ASC) **8560** Basaloid squamous cell carcinoma (BSCC) **8083** Lymphoepithelial carcinoma (LEC)/lymphoepithelioma-like carcinoma **8082** Keratinizing squamous cell carcinoma **8071** Non-keratinizing squamous cell carcinoma **8072** Papillary squamous cell carcinoma (PSCC) **8052** Spindle cell squamous cell carcinoma (SC-SCC) **8074** Verrucous squamous cell carcinoma (VC) **8051**
Well-differentiated	Carcinoid	Large cell neuroendocrine carcinoma/LCNEC **8013**

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#9 SIB

- Simultaneous Isocenter brachytherapy
-
- Simultaneous integrated boost
-
- Stereotactic intracavitary brachytherapy
-
- Stereotactic intra-field boost

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Which of the following would be assigned 8070/3 (squamous cell carcinoma of the nasal cavity)

- Epidermoid carcinoma
- Schneiderian carcinoma
- Spindle cell squamous cell carcinoma
- Nonkeratinizing squamous cell carcinoma

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Squamous cell carcinoma 8070 *Note:* Sinonasal squamous cell tumors account for about 3% of head and neck malignancies.	Squamous cell carcinoma, usual type 8070/3 Conventional Squamous cell carcinoma NOS Epidermoid carcinoma, NOS 8070/3 Epidermoid carcinoma in situ, NOS 8070/2 Squamous carcinoma 8070/3 Squamous cell carcinoma in situ, NOS 8070/2 Squamous cell epithelioma 8070/3 Intraepithelial squamous cell carcinoma 8070/2	Keratinizing squamous cell carcinoma (KSCC) **8071** Epidermoid carcinoma, keratinizing Squamous cell carcinoma, large cell, keratinizing Squamous cell carcinoma, large cell, nonkeratinizing/Squamous cell carcinoma, nonkeratinizing, NOS **8072** Schneiderian carcinoma/cylindrical cell carcinoma **8121** Sarcomatoid squamous cell carcinoma/spindle cell squamous cell carcinoma (SC-SCC) **8074**

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Which of the following would be assigned 8070/3 (squamous cell carcinoma of the nasal cavity)

- Epidermoid carcinoma
- Schneiderian carcinoma 8121/3
- Spindle cell squamous cell carcinoma 8074/3
- Nonkeratinizing squamous cell carcinoma 8072/3

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Squamous cell carcinoma 8070 *Note:* Sinonasal squamous cell tumors account for about 3% of head and neck malignancies.	Squamous cell carcinoma, usual type 8070/3 Conventional Squamous cell carcinoma NOS Epidermoid carcinoma, NOS 8070/3 Epidermoid carcinoma in situ, NOS 8070/2 Squamous carcinoma 8070/3 Squamous cell carcinoma in situ, NOS 8070/2 Squamous cell epithelioma 8070/3 Intraepithelial squamous cell carcinoma 8070/2	Keratinizing squamous cell carcinoma (KSCC) **8071** Epidermoid carcinoma, keratinizing Squamous cell carcinoma, large cell, keratinizing Squamous cell carcinoma, large cell, nonkeratinizing/Squamous cell carcinoma, nonkeratinizing, NOS **8072** Schneiderian carcinoma/cylindrical cell carcinoma **8121** Sarcomatoid squamous cell carcinoma/spindle cell squamous cell carcinoma (SC-SCC) **8074**

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You are all winners!

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Fabulous Prizes

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CE Certificate Quiz/Survey

CE Phrase

- CE Phrase p16

Link

- url

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Coming UP…

Data Item Relationships 2023

- Guest Host: Jennifer Ruhl, CTR; Angela Constantini, CTR
- 2/02/2023

Boot Camp 2023

- Guest Host: Nancy Etzold, CTR; Elaine Bomberger-Schmotzer, CTR
- 3/02/2023

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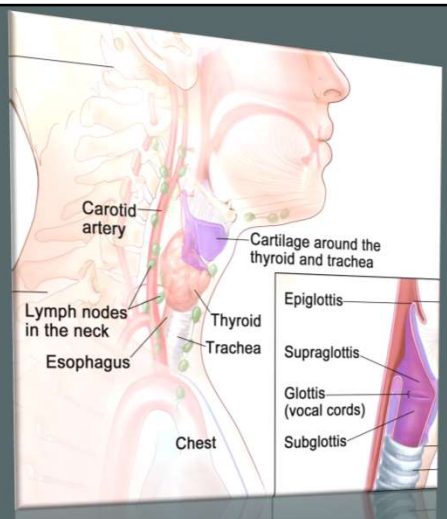

Thank you!

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