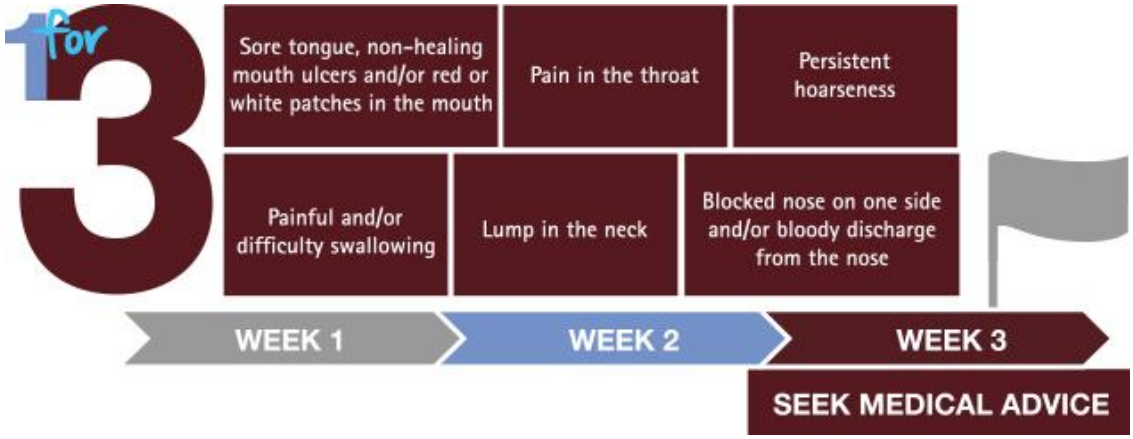
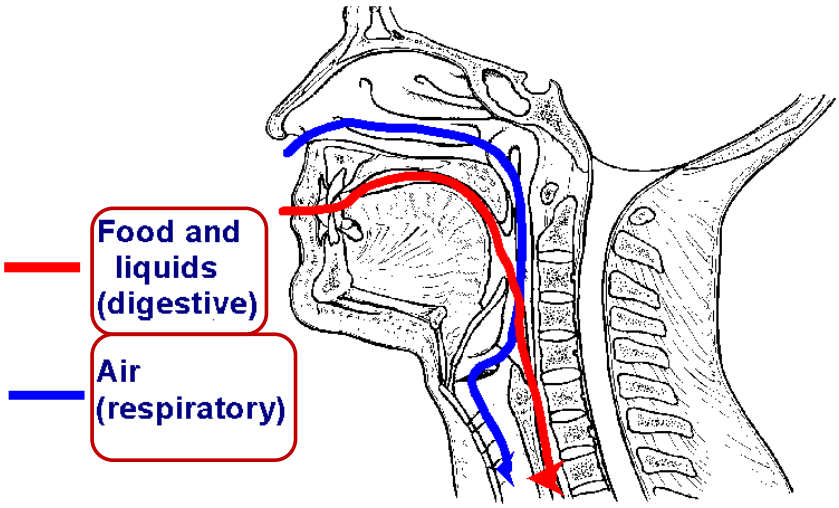
Head & Neck Cancer

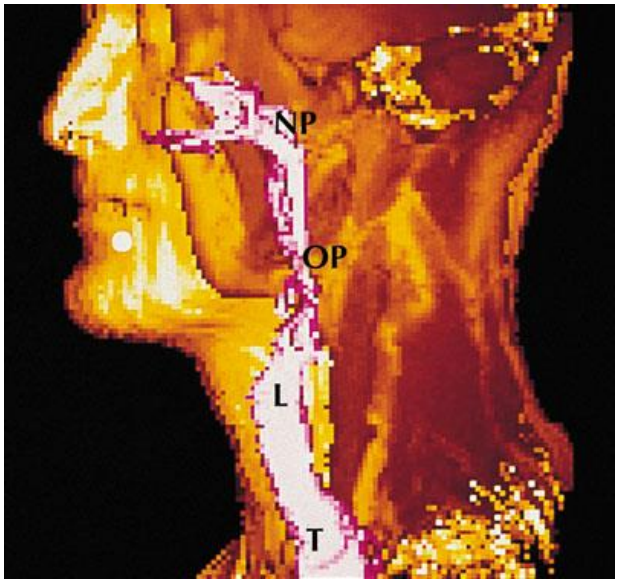


Two Routes to Cover



Workup

- PE
  - Palpation
  - Indirect mirror
- Radiology
  - CT, MRI, PET
- Biopsy
  - IHC for P16+?
- Endoscopy



oto.wustl.edu

Which Test is Best?

	CT scan	MRI	PET
PROS	Rapid acquisition time Patient tolerance Superior bone detail	Multiple planes assess tumor volume Superior soft tissue resolution No IV contrast	Entire body May delineate questionable findings from other scans
CONS	IV contrast with allergy concerns Poor soft tissue contrast Metallic dental appliances interfere	Patient movement distorts Bone detail inferior Longer time for patient Any metal may preclude	Cost Availability Equivocal results may not be helpful

Solid Tumor Rules 2018

Equivalent Terms and Definitions

Multiple Primary Rules

Histology Rules

Changes from the 2007 MPH Rules

- New sites added
  - 2 bone sites, mandible C410 and maxilla C411
  - External ear C442
  - Autonomic nervous system C479 for paragangliomas which are reported as malignant
- Basal cell carcinoma and all non-malignant neoplasms are excluded

Equivalent or Equal Terms

AdenoCA; adenoCA NOS; carcinoma; carcinoma NOS
And; with (when describing >1 histology in a single tumor)
Contiguous; continuous
Hypopharynx; laryngopharynx
Malignant hemangioendothelioma; angiosarcoma
In situ; noninvasive; intraepithelial
Malignant with: tumor, mass, lesion or neoplasm
Simultaneous; existing @ same time; concurrent; prior to FCOT
Site; topography
Squamous (Sq) cell CA); SqCA; Sq cell epithelioma; epidermoid CA
Squamous cell CA with verrucous growth pattern; Sq cell CA
Tumor; mass; tumor mass; lesion; neoplasm

Terms That are NOT Equivalent

- ~~Component ≠ subtype/variant~~
  - ~~Component only coded when pathologist specifies the component is a second carcinoma~~

Removing w/ next update Fall '19

- P16 positive is not equivalent to HPV positive
- Phenotype is not equivalent to subtype/type/variant
- Squamous cell carcinoma with prominent keratinization 8070 ≠ keratinizing squamous cell carcinoma 8071
- Salivary gland adenocarcinoma 8140 ≠ salivary duct carcinoma 8500

Coding Primary Site When There is Conflicting Information

1. Tumor board
   a. Specialty
   b. General
2. Tissue/path from tumor resection or biopsy
   a. Op report
   b. Addendum/comments on path
   c. Final dx on path
   d. CAP protocol/summary
3. Scans
   a. CT > MRI > PET

Coding Primary Site When There is Conflicting Information, cont.

4. Physician documentation of site (i.e., physician reference to primary site:
   a. From **original** path/cytol/scans, or other
   b. In medical record
5. Tables 1 – 9 when SINGLE lesion overlaps 2 or more sites
   a. Compare histo in tables for each involved site
   b. If histo listed in only one of the tables, code associated primary site
6. If can't determine w/ #1-5, code overlapping lesion to C028, C058, C088, or C148 per STR instructions
7. Code to NOS region (C069, C089, C099, C109, C119, C139, C140, C760) per STR instructions

Using Tables 1-9 for Overlapping Lesions

Polymorphous adenoCA in Anterior wall of nasopharynx C11.3 and soft palate C05.1

Primary site?

A. C11.3
B. C05.1

Table 2: Tumors of Nasopharynx

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Adenoid cystic carcinoma 8200		
Chordoma 9370		
Nasopharyngeal papillary adenocarcinoma 8260	Thyroid-like low-grade nasopharyngeal; papillary adenocarcinoma	
Squamous cell carcinoma NOS 8070	Lymphoepithelial carcinoma Undifferentiated carcinoma Undifferentiated carcinoma with lymphoid stroma	Basaloid squamous cell carcinoma 8083 Keratinizing squamous cell carcinoma 8071 Non-keratinizing squamous cell carcinoma 8072

Table 5: Tumors of the Oropharynx, Base of Tongue, Tonsils, Adenoids

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Adenoid cystic carcinoma 8200		
Polymorphous adenocarcinoma 8525	Cribriform adenocarcinoma Polymorphous low-grade adenocarcinoma Terminal duct carcinoma	
Squamous cell carcinoma 8070		Keratinizing squamous cell carcinoma 8071 Non-keratinizing squamous cell carcinoma 8072 Squamous cell carcinoma HPV-negative 8086* Squamous cell carcinoma HPV-positive 8085*

Table Index

Structure of Tables 1-8 (Site groups) (Excerpt from Table 1)

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140 ***Note:*** Adenocarcinoma intestinal-type of the sinonasal tract is morphologically similar to adenocarcinomas of the intestines	Adenocarcinoma non-intestinal type Low-grade adenocarcinoma Renal cell-like carcinoma Seromucinous adenocarcinoma TAC Terminal tubulous adenocarcinoma Tubulopapillary low-grade adenocarcinoma	Adenocarcinoma intestinal type (ITAC) **8144** Colloid-type adenocarcinoma **8144** Colonic-type adenocarcinoma **8144** Enteric-type adenocarcinoma **8144**
Lymphoepithelial carcinoma 8082	LEC Lymphoepithelioma-like carcinoma	
Malignant peripheral nerve sheath tumor 9540/3	Malignant neurilemmoma Malignant schwannoma MPNST Neurofibrosarcoma	

Table 9: Paraganglioma of Carotid Body, Larynx, Middle Ear, Vagal Nerve

Specific Term and Code	Synonyms for Specific Histology
Carotid body paraganglioma 8690 ***Note 1:*** This neoplasm is only reportable when documented as malignant/invasive /3 behavior. ***Note 2:*** Cases diagnosed as malignant in 2018 should be reported as 8690/3. The proposed new code, 8692/3, cannot be used because it has not been implemented.	Carotid body tumor Chemodectoma, carotid Non-chromaffin paraganglioma, carotid
Laryngeal paraganglioma 8690 ***Note 1:*** This neoplasm is only reportable when documented as malignant/invasive /3 behavior. ***Note 2:*** Cases diagnosed as malignant in 2018 should be reported as 8690/3. The proposed new code, 8693/3, cannot be used because it has not been implemented. ***Note 3:*** Vagal paraganglioma has the same proposed histology code as laryngeal paraganglioma. Laryngeal and vagal are in separate rows to emphasize the primary site.	Chemodectoma, laryngeal Non-chromaffin paraganglioma, laryngeal
Middle ear paraganglioma 8690 ***Note 1:*** This neoplasm is only reportable when documented as malignant/invasive /3 behavior. ***Note 2:*** Cases diagnosed as malignant in 2018 should be reported as 8690/3.	Glomus jugulare tumor of middle ear Glomus tympanicum Jugulotympanic chemodectoma
Vagal paraganglioma 8690 ***Note 1:*** This neoplasm is only reportable when documented as malignant/invasive /3 behavior. ***Note 2:*** Cases diagnosed as malignant in 2018 should be reported as 8690/3. The proposed new code, 8693/3, cannot be used because it has not been implemented. ***Note 3:*** Vagal paraganglioma has the same proposed histology code as laryngeal paraganglioma. Laryngeal and vagal are in separate rows to emphasize the primary site.	Glomus jugulare tumor of vagal trunk Chemodectoma of vagal trunk Non-chromaffin paraganglioma of vagal trunk

Table 10: SEER Hd/Nk Paired Sites

Laterality required for all sites listed on Table 9
SEER allows laterality code if NOT on the table

Paired Sites	Site Code
Frontal sinus	C312
Maxillary sinus	C310
Middle ear	C301
Nasal cavity (excluding nasal cartilage, nasal septum)	C300
Tonsil	C09_
Parotid gland	C079
Skin of External Ear	C442
Sublingual gland	C081
Submandibular gland	C080

Head and Neck MP Rules

Unknown if Single or Multiple Tumors

M1 SP when not possible to determine if single or multiple tumors

*If the current tumor was **preceded** by a tumor in the same primary site, go to the **Multiple** Tumors module.*

Single Tumor

M2 SP when 1 tumor present

SP = single primary; MP = multiple primaries

Multiple Tumors Rule M3

M3 MP when S/N-C* tumors in any **2** of the following sites (differ at 4th character); timing and histology irrelevant

1. Glottis **C320**; supraglottis **C321**; subglottis **C322**; laryngeal cartilage **C323**
2. Hard palate **C050**; soft palate **C051**; uvula **C052**
3. Maxillary sinus **C310**; ethmoid sinus **C311**; frontal sinus **C312**; sphenoid sinus **C313**
4. Nasal cavity **C300**; middle ear **C301**
5. Submandibular gland **C080**; sublingual gland **C081**
6. Upper gum **C030**; lower gum **C031**
7. Upper lip **C000** or **C003**; lower lip **C001** or **C004**

*S/N-C = Separate, Non-Contiguous

Multiple Tumors Rules M4 – M7

M4 **MP** when S/N-C* tumors in sites that differ at 2nd C**X**xx or 3rd Cx**X**x characters

M5 **MP** when S/N-C* tumors on both sides of a paired site (Table 10)

M6 **MP** when subsequent tumor after being clinically dz free for > 5 yrs

- When recurrence < 5 yrs, clock starts over (keep reading rules)

M7 **MP** when S/N-C* tumors are ≥ 2 subtypes/ variants in column 3 of appropriate table (1-9)

*S/N-C = Separate, Non-Contiguous

Multiple Tumors Rules M8 – M13

M8 **MP** when S/N-C tumors are on different rows in column 3 of appropriate table (1-9)

M9 **SP** (the invasive) when in situ follows an invasive

M10 **SP** (the invasive) when invasive ≤ 60 days after in situ

M11 **MP** when invasive > 60 days after in situ

M12 **SP** when S/N-C tumors are on same row in col. 3 of appropriate table (1-8)

M13 **SP** when none of rules 1-12 apply

*S/N-C = Separate, Non-Contiguous

Review of Rules M7, M8, and M12

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Adenoid cystic carcinoma 8200	ACC (rare)	
Chondrosarcoma 9220	Chondrosarcoma grade 2/3 Chondrosarcoma NOS	M7: MP when S/N-C tumors are different subtypes (same or different NOS)
Liposarcoma 8850	Atypical lipomatous tumor Well-differentiated liposarcoma	M8: MP when S/N-C tumors are on different rows (any column)
Squamous cell carcinoma (SCC) 8070	Epidermoid carcinoma Squamous cell carcinoma NOS	Adenosquamous carcinoma (ASC) **8560** Basaloid squamous cell carcinoma (BSCC) **8083** Lymphoepithelial carcinoma (LEC)/lymphoepithelioma-like carcinoma **8082** Papillary squamous cell carcinoma (PSCC) **8052** Spindle cell squamous cell carcinoma (SC-SCC) **8074** Verrucous squamous cell carcinoma (VC) **8051**
Well-differentiated neuroendocrine carcinoma 8240	Carcinoid Neuroendocrine carcinoma grade 1	Large cell neuroendocrine carcinoma/LCNEC **8013** Neuroendocrine carcinoma grade 2/moderately-differentiated neuroendocrine carcinoma/atypical carcinoid **8249** Small cell neuroendocrine carcinoma/small cell carcinoma/SmCC **8041**

M12:SP when S/N-C tumors on same row: Same row = same histo, or col 1 + col 2, col 1 + col 3, col 2 + col 3

Histologic Type

- Guidelines for ICD-O-3 Updates include:
  - New histologies
  - Changes in behavior
  - New preferred terminology
- STR Editors recommend coding histo using:
  - 2018 Solid Tumor Rules
  - Updated ICD-O histology codes and terms which can be found at: https://seer.cancer.gov/icd-o-3/
  - ICD-O
  - Ask a SEER Registrar
    - When preceding 3 bullets fail to ID a histology code

Important Notes for Coding Histology

Code the histology:

- Prior to neoadjuvant therapy
- Using priority list and H rules
- Do not change histo to make the case applicable to staging

Coding Histology

Code <u>most specific</u> histology from either resection or biopsy:

- Code the **<u>invasive</u>** when in situ and invasive in single tumor
- **<u>Discrepancy</u>** between bx and resection (2 different histos/different rows), code from most representative specimen (>est amount of tumor)

Priority List for Coding Histology

1. Tissue/path report from primary (listed in priority order)

- Addendum
- Final dx/CAP synoptic report
- CAP protocol

2. Cytology (FNA of primary site – July 2019 addition)

3. Metastatic tissue

4. Imaging (CT > MRI > PET)

5. Physician documentation (listed in priority order)

- Treatment plan
- Tumor Board
- Medical record referencing original pathology, cytology, or scan(s)
- MD reference to histology

Coding Histology – Single Tumor

1. Code the most specific histology or subtype/variant, regardless of whether it is described as:

A. Majority or predominant part of tumor

A.B. Minority part of tumor

B.C. A component

Terms A-C must describe a carcinoma or sarcoma

2. Code histo described as differentiation or features only when there is a specific ICD-O code for the NOS w/ features or differentiation

Coding Histology – Ambiguous Terms

3. Code histo described by ambiguous terms only when the conditions in **A or B** are met:

A. The only diagnosis available is **one histology** term described by ambiguous terminology (case accessioned based on ambiguous term and no other histo is available

B. There is an **NOS histology** and a more **specific** (subtype/variant) histology described by ambiguous terminology AND

- Specific histo confirmed by a physician **OR**
- Patient is being treated based on the specific histo described by the ambiguous term

Coding Histology – Single Tumor, cont.

List of Ambiguous Terms		
Apparently	Favor(s)	Probable
Appears	Malignant	Suspect(ed)
Comparable with	appearing	Suspicious
Compatible with	Most likely	(for)
Consistent with	Presumed	Typical (of)

4. DO NOT CODE histology when described as:

- Architecture
- Foci; focus; focal
- Pattern

Histology Rules

Single Tumor

H1 Code histo when only 1 histo present

H2 Code invasive histo when in situ and invasive in the same tumor

H3 Code subtype/variant when NOS and a single subtype/variant of that NOS

Multiple Tumors

H4 Code histo when 1 histo present in **ALL** tumors

H5 Code invasive histo when ALL tumors have both invasive & in situ OR ≥ 1 tumor is invasive and ≥ 1 tumor is in situ

H6 Code subtype/variant when NOS and a single subtype/variant of that NOS in **ALL** tumors

SEER Summary Stage 2018

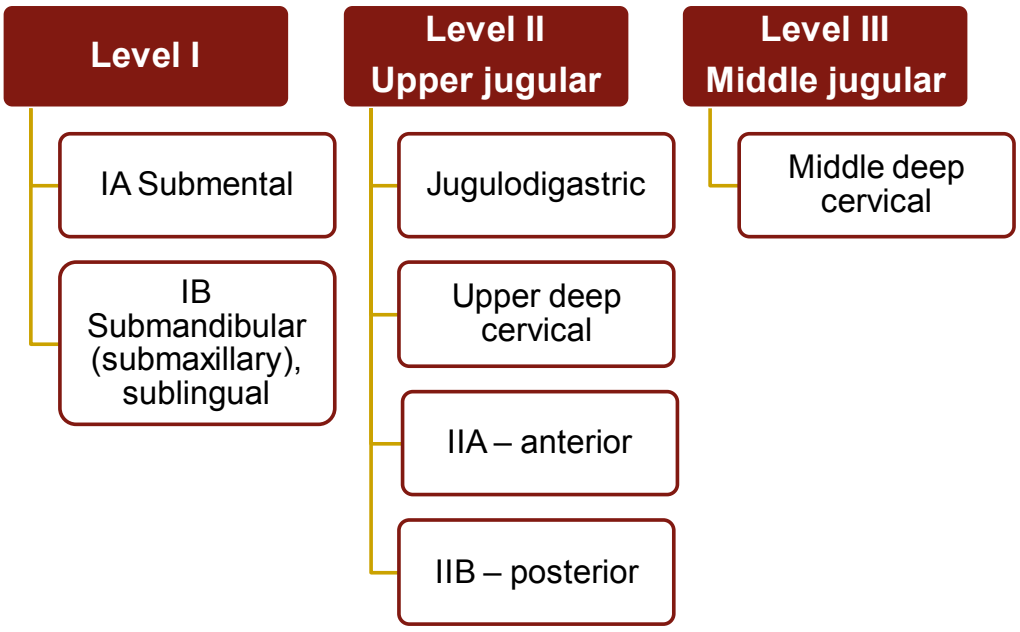
SS2018 Overview

- C000-C14.9 and C30.0-C32.9
- 21 Separate Head and Neck Chapters
- All use the same RLN list (same as AJCC)
- RLN include single, multiple, bilateral, and contralateral LNs

New! Cervical LNs and Unknown Primary Tumors of Head and Neck

- Histologies: 8000-8700, 8720-8790, 8941, 9700-9701
- Schema Discriminator 1 Occult Head and Neck Lymph Nodes
- Primary Site: C760 Head, face & neck, NOS
- Codes 0, 1, 2, and 4 are not applicable

SS2018: Head & Neck LN Levels I-III



SS2018: Head & Neck LN Levels IV-V

Level IV
Lower jugular

- Jugulo-omohyoid
- Lower deep cervical
- Virchow node

Level V
Posterior triangle group

- Posterior cervical
- Level VA Spinal accessory
- Level VB Transverse cervical, supraclavicular

SS2018: Head & Neck LN Levels VI-VII

Level VI Anterior compartment group

- Laterotracheal
- Paralaryngeal
- Paratracheal (above suprasternal notch)
- Perithyroidal
- Precricoid (Delphian)
- Prelaryngeal
- Pretracheal (above suprasternal notch)
- Recurrent laryngeal

Level VII Superior mediastinal group (*other mediastinal nodes are distant*)

- Esophageal groove
- Pre/Paratracheal (below suprasternal notch)

SS2018: Head & Neck LN Other Groups

- Cervical NOS
- Deep cervical NOS
- Facial
  - Buccinator (buccal); Mandibular; and Nasolabial
- Internal jugular NOS
- Parapharyngeal
- Parotid
  - Infra-auricular; Intraparotid ; Periparotid; and Pre-auricular
- Retroauricular (mastoid)
- Retropharyngeal
- Suboccipital

Distinguishing In Situ vs Local for Lip, Oral Cavity, and Pharynx

PRIMARY SITE	ICD-O-3	MUCOSA (includes basement membrane)		SUBMUCOSA	MUSCULARIS PROPRIA	SEROSA
LIP	C00_	YES	YES	YES	YES	NO
TONGUE ANTERIOR	C01_, C02-	YES	YES	YES	YES	NO
GUM	C03_, C062	YES	YES (muco-periosteum)	NO	NO	NO
FLOOR of MOUTH	C04_	YES	YES	YES	YES	NO
BUCCAL MUCOSA	C060, C061	YES	YES	YES	YES	NO
HARD PALATE	C050	YES	YES	NO	NO	NO
OTHER MOUTH	C058, C059, C068, C069	YES	YES	YES	YES	NO

Table adapted from Summary Stage 2018 Coding Manual v1.1, page 6

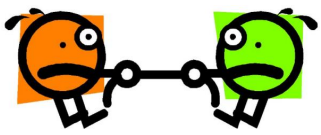
Historically, CA "confined to mucosa" = 1; with SS2018, if tumor:

- Is confined to epithelium = 0, in situ
- Has penetrated basement membrane = 1, local

AJCC 8th Edition

Allowable Histology Codes in AJCC

- Monitor the allowable histology codes for each chapter
- 8071 Keratinizing squamous cell CA
  - Allowed as a description in CAP protocol for pharynx
  - 8071 NOT allowed in:
    - Chapter **10** (p16+ OPC) **OR**
    - Chapter **11** (Hypopharynx and p16- OPC)
  - Per **SEER/STR**– do NOT change histo to make the case eligible for staging
  - CAnswer Forum 2/2019: **WHO** and **CAP** advised to code 8070 (Follow STR rules??)



AJCC Criteria for Classification of Head and Neck Cancers

Clinical

- PE, especially palpation RLN to document LN size and level
- Cranial nerve evaluation
- Endoscopy
- Imaging (CT, MRI, PET)

Pathological

- Complete resection of primary
- Neck dissection
  - Selective ≥ 10 LN
  - Radical/modified radical ≥ 15 LN
  - ENE status important for most chapters
  - # LNs involved needed for HPV-Mediated OPC

"T0" Categories in Head and Neck

T0 = no evidence of primary tumor

T0 only in 4 Head and Neck chapters

- Cervical LNs and Unknown Primary Tumors of Head and Neck (Ch 6)
  - No other T category available for Ch 6
- Salivary Glands (Ch 8)
- Nasopharynx (Ch 9) for EBV-related
- Oropharynx (Ch 10) for HPV-mediated

Chapter Selection for Unknown Primary of Head and Neck

Must have a positive cervical (neck) LN suspected to be from a head and neck primary

- If **LN** p16+ / EBV-, stage w/ Oropharynx p16+ chapter; T = T0; site = **C10.9**
- If **LN** EBV+ / p16+/-), stage w/ Nasopharynx chapter; T = T0; site = **C11.9**
- If **LN** P16- and EBV- **OR** unknown/not tested, use Cervical LNs chapter (Ch 6); site = **C76.0**

AJCC Criteria for Classification of Head and Neck LNs

Clinical Classification

- FNA, needle biopsy
- Excisional bx
- SLN

Pathological Classification

- pT required for pN **except** in Chap 7, 8, and 11
- LN dissection (usually)
- Ch 1 rules apply - **any** micro exam of LN is pN when pT met

Head and Neck Lymph Nodes

LN Mets at Diagnosis

- Pyriform sinus – 70%
- Postcricoid area – 40%
- Posterior hypopharynx – 50%
- Nasopharynx – 75%
- Tonsil – 70%
- Base of tongue – 70%
- Soft palate – 30-65%
- Pharyngeal wall – 30-65%

LNs/Levels at Highest Risk of Mets by Primary Site

Submental (Level I)	Anterior alveolar ridge, FOM, lower lip, anterior tongue,
Submandibular (Level I)	Maxillary sinus, nasal cavity, oral cavity, submandibular gland
Level II	Nasal cavity, oral cavity, parotid gland, pharynx
Level III	Larynx, oral cavity, pharynx
Level IV	Cervical esophagus, hypopharynx, larynx
Level V	Nasopharynx, oropharynx
Level VI	Cervical esophagus, larynx (glottis, subglottis), pyriform sinus (apex), thyroid
Level VII	Thyroid

Assessment of Head and Neck RLNs

- Size of enlarged nodal masses should be measured
  - Maximum dimension in any direction
- Histopathologic exam to
  1. Exclude presence of tumor in LNs for pN0
  2. Document
     - location or level of involved LNs
     - number of positive LNs
     - Presence/absence of ENE

Head and Neck LN Categories

Standard LN definitions for all Head and Neck chapters except Chapters 9, 10, and 14)

- **Separate** clinical and pathological N tables

Chapter 9 – Nasopharynx

- **Same** table for clinical and pathological N

Chapter 10 – HPV-Mediated (p16+) OPC

- **Separate** clinical and pathological N tables

Chapter 14 – Mucosal Melanoma of the Head & Neck

- **Same** table for clinical and pathological N

Definition of Head & Neck RLNs (Except Chs 9, 10, 14)

	ENE Neg			ENE Pos		
LN Size	≤ 3 cm	>3 – 6 cm	> 6 cm	≤ 3 cm	>3 – 6 cm	> 6 cm
IPSI						
Single	c/p N1	c/p N2a	c/p N3a	cN3b pN2a	c/p N3b	c/p N3b
Multi	c/p N2b	c/p N2b	c/p N3b	c/p N3b	c/p N3b	c/p N3b
Contra						
Single	cN2c pN2a	c/p N2c	c/p N3a	cN3b pN2a	c/p N3b	c/p N3b
Multi	c/p N2c	c/p N2c	c/p N3b	c/p N3b	c/p N3b	c/p N3b

Definition of Clinical ENE (From Chapter 5)

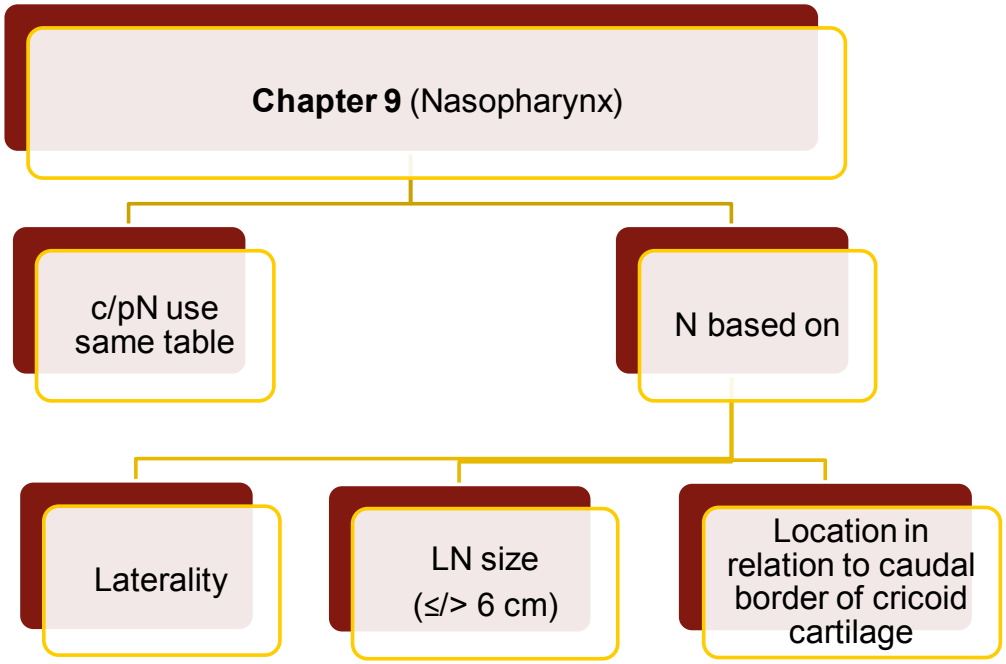
- Unambiguous evidence of gross ENE on clinical examination
  - Invasion of skin,
  - Infiltration of musculature,
  - Dense tethering or fixation to adjacent structures, or
  - Cranial nerve, brachial plexus, sympathetic trunk, or phrenic nerve invasion with dysfunction
  - Matted nodes (per quiz on Donna Gress webinar 7/25/18)
- Supported by strong radiographic evidence
- Radiology **ALONE** cannot describe clinical ENE

Definition of Pathological ENE

- Extension of metastatic tumor (beyond the confines of the lymph node, through the lymph node capsule into the surrounding connective tissue, with or without associated stromal reaction).
- Data collection will take place for
  - ≤ 2 mm ENEmi - micro
  - > 2 mm ENEma - major

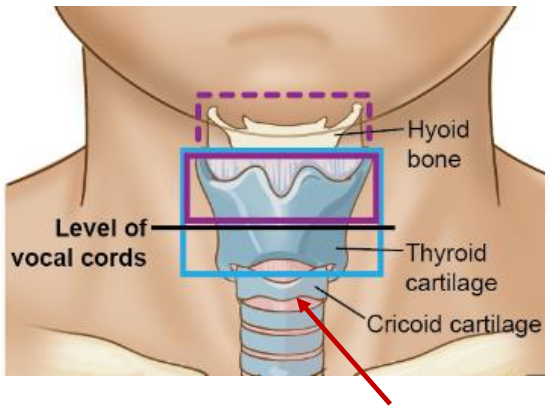
Not required fields in CAP protocol 2018

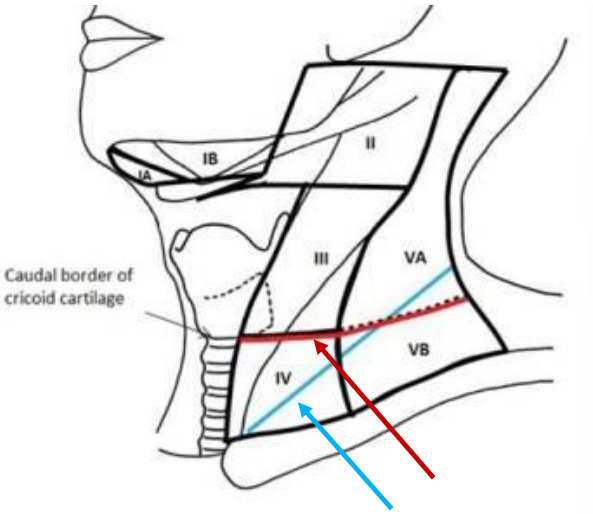
Chapter 9 – Unique LN Table



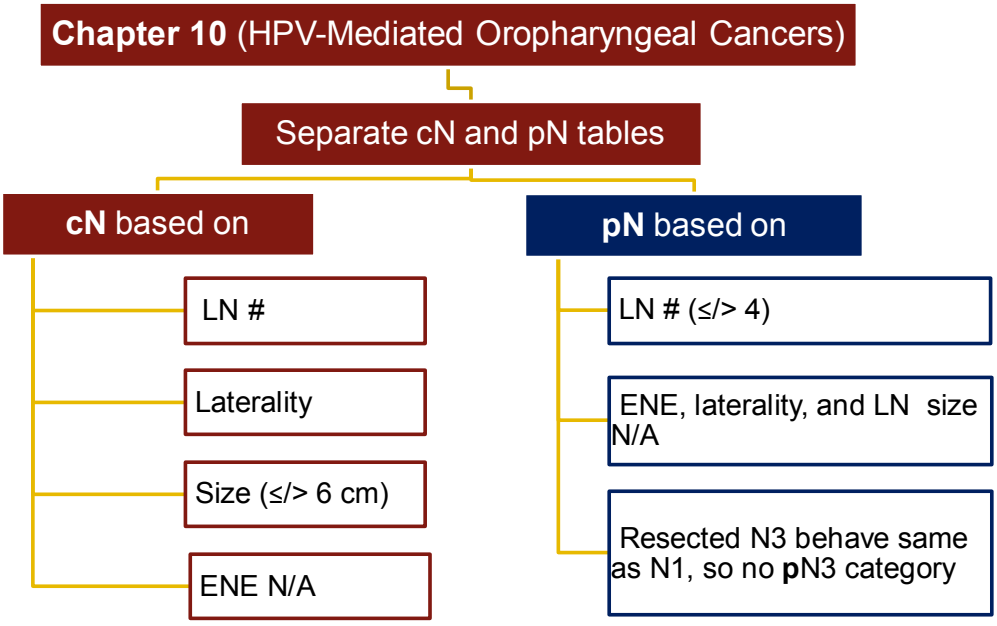
Cricoid Cartilage (Ch. 9 Nasopharynx)

N3 - below the caudal border of the cricoid cartilage





Chapter 10 – Unique LN Table



What's Unique About the Head and Neck Chapters

pN - No Resection of Primary Tumor

If no resection of primary T, but NECK LN dissection done, then pTX pN __ used in pathological staging fields

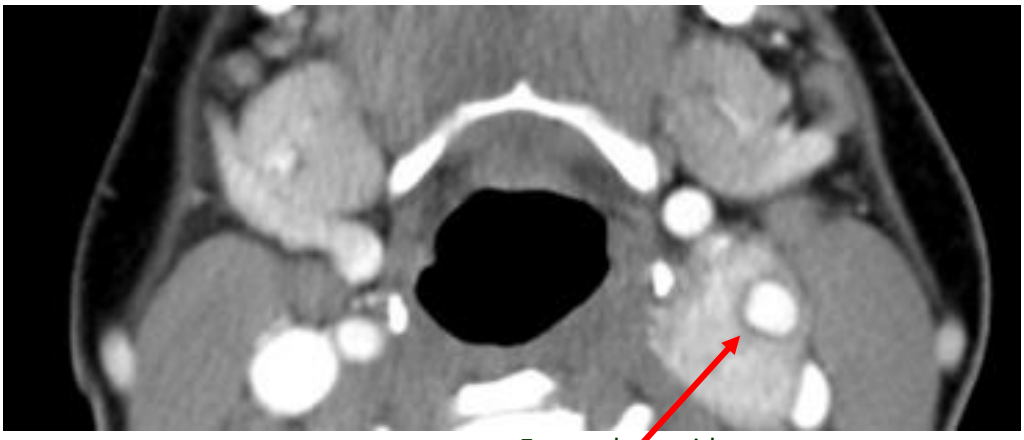
- ONLY Ch 7 (Oral cavity), Ch 8 (Major salivary glands), Ch 11 (Oropharynx p16 neg & Hypopharynx)
  - Phrase under "Pathological Classification" of "allows the designation for pT **and/or** pN respectively"
  - Provides docs info about neck dissections
- Other Hd/Nk chapters require complete resection of primary AND LN for pathological staging.

Encasing Carotid Artery

- For larynx, pharynx, thyroid, and salivary gland tumor staging, tumor encasing carotid artery is T4b. What does "encases artery" mean?
  - Example: CT report says "the mass appears separate from the true cords laterally on the right, the mass partially encasing the common carotid artery involving approximately 40% on the circumference. Vascular invasion cannot be excluded. The artery remains patent."

Encasing Carotid Artery

- Encasing means “wrapped around” – not necessarily direct invasion
  - If carotid artery encased, tumor not resectable.



Encasing Carotid Artery

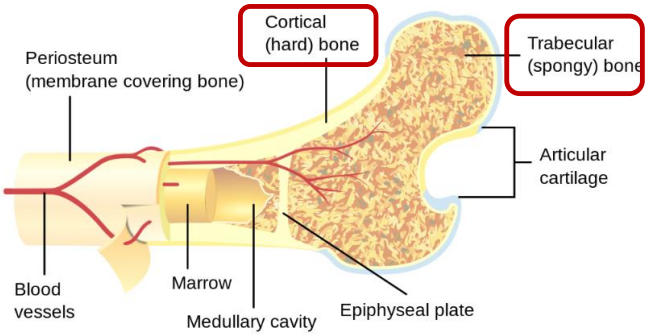
- In general, registry rules do not recognize encasement or abutment as involvement
- Terms indicating ‘probably not resectable’

Encasing	Encircling
Encompassing	Extending around
Inseparable from	Surrounding
Totally encasing	

- Terms indicating ‘borderline resectable’
  - Abuts

Cortex bone

- Deep invasion of bone (through cortex) is T4a
- Into cortical bone of mandible but not through: T classification based on tumor size
- Through cortex into trabecular bone of mandible
  - **T4a**
  - **Trabecular = spongy = cancellous**



http://www.wikiwand.com/en/Bone

Site Specific Data Items

Case Scenario

CC: Swelling in neck and feeling of fullness in throat.

PE: 3 cm mass in Rt neck; smaller mass in Lt neck; both at level III. Remainder of external exam WNL.

X-rays and Scans: CXR: Negative. CT: Negative

Panendoscopy: No lesions identified.

Op Note: Bx Rt neck mass.

Path: Rt neck mass core bx: PD keratinizing squamous carcinoma involving LN; p16 (-), EBV (-).

Plan: XRT and chemotherapy for unknown primary of the head and neck involving bilateral LNs.

SSDI Schema Discriminator 1
Occult Head & Neck LN

Chapter 6: Cervical LN & Unk Primary

- C76.0 = code (head & neck NOS, primary site unk)
- Use Ch 6 and C76.0 **IF**
  - Cervical LN +
  - P16 stain negative OR not done OR unknown
  - EBV stain negative OR not done OR unknown

- Some situations require more specific primary site code
- EBV+, code C11.9 nasopharynx, do NOT use discriminator
- P16+ Code C10.9, do NOT use discriminator

SSDI Schema Discriminator 1
Occult Head & Neck LN

Code	Description	AJCC Chapter
0	Not occult	EOD/SS (Ill defined)
1	Occult, Neg cervical LN	EOD/SS (Ill defined)
2	Not tested for EBV or p16 (both unk)	Chap 6 Cerv LN, Unk Prim
3	Unk EBV, p16 negative	Chap 6 Cerv LN, Unk Prim
4	Unk p16, EBV negative	Chap 6 Cerv LN, Unk Prim
5	Negative for both EBV & p16	Chap 6 Cerv LN, Unk Prim
Blank	Not C760, discriminator does not apply P16 +, EBV unk or negative – code C10.9 EBV+, p16 unk or negative – code C11.9	Various Chapter 10 HPV Mediated (p16+) Oropharynx Chapter 9 Nasopharynx

SSDI: ENE Clinical

- Chapters 6-14
- **Clinical** staging time frame

Code	Description
0	Reg LN involved, ENE not present/not identified during workup
1	Reg LN involved, ENE present/identified during workup (based on PE WITH or W/O imaging
2	Reg LN involved, ENE present/identified during workup, based on micro confirm
7	No LN involvement during workup (cN0)
8	N/A Info not collected for this case
9	Not documented in med record; ENE not assessed during workup or unk Clinical assessment LN not done, unk if done

SSDI: ENE Pathological

- Chapters 6-14
- **Pathological** time frame – from path report of **resected** LN (NOT FNA, incisional, SLN)

Code	Description
0.0	LN positive CA but ENE not identified or neg
0.1 – 9.9	ENE 0.9 to 9.9 mm
X.1	ENE 10mm or greater
X.2	ENE microscopic, size unk. Stated as ENE (mi)
X.3	ENE major, size unk. Stated as ENE (ma)
X.4	ENE present, micro or major unk, size unk
X.7	Surgically resected reg LN negative (pN0)
X.8	N/A Info not collected for this case
X.9	Not documented in med record No surgical resection reg LN ENE not assessed path or unk if done Path assessment LN not done, unk if done

SSDI: LN Levels I - III

- Chapters 6, 14
- Drs statement can be used **if** no other info
- Path takes precedence over clinical
- If only some LN are described, code those

Code	Description
0	No involvement level I, II, or III
1	Level I LN involved
2	Level II LN involved
3	Level III LN involved
4	Levels I and II LN involved
5	Levels I and III LN involved
6	Levels II and III LN involved
7	Levels I, II, and III LN involved
8	N/A Info not collected
9	Not documented in med record LN + but level + LN unk LN I – III not assessed, unk if

SSDI: LN Levels IV - V

- Chapters 6, 14
- Drs statement can be used if no other info
- Path takes precedence over clinical
- If only some LN are described, code those

Code	Description
0	No involvement level IV or V
1	Level IV LN involved
2	Level V LN involved
3	Level IV and V LN involved
8	N/A Info not collected
9	Not documented in med record LN + but level + LN unk LN IV – V not assessed, unk if

SSDI: LN Levels VI - VII

- Chapters 6, 14
- Drs statement can be used if no other info
- Path takes precedence over clinical
- If only some LN are described, code those

Code	Description
0	No involvement level VI or VII
1	Level VI LN involved
2	Level VII LN involved
3	Level VI and VII LN involved
8	N/A Info not collected
9	Not documented in med record LN + but level + LN unk LN VI – VII not assessed, unk if

SSDI: LN Levels Other (NOT I – VII)

- Chapters 6, 14
- Drs statement can be used if no other info
- Path takes precedence over clinical
- If only some LN are described, code those

Code	Description
0	No involvement other Hd/Nk LN
1	Buccinator (facial) LN involved
2	Parapharyngeal LN involved
3	Periparotid & intraparotid LN
4	Pre-auricular LN involved
5	Retropharyngeal LN involved
6	Suboccipital/retroauricular LN
7	Any combo codes 1 – 6
8	N/A Info not collected
9	Not documented in med record LN + but level + LN unk Other Hd/Nk LN not assessed, unk if

SSDI: LN Size

- Chapters 6 – 15
- LN size = largest diameter of any involved RLN Path takes precedence over clinical

30.0

Code	Description
0.0	No involved reg LN
0.1 – 99.9	0.1 – 99.9 mm (exact size LN to nearest tenth mm)
XX.1	100 mm or greater
XX.2	Micro focus/foci only, no size
XX.3	Described as "< 1 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 > 5 cm
XX.8	N/A, info not collected
XX.9	Not documented in med record Reg LN involved, size unk LN size not assessed or unk

And, we're done!