


NPCR NATIONAL PROGRAM OF CANCER REGISTRIES

NPCR Education and Training Series (NETS)
Module 5: Head and Neck Malignancies
Part 1: Overview

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 National Program of Cancer Registries
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www.cdc.gov/cancer/npcr



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Head & Neck Cancer

I: Overview




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Division of Cancer Prevention and Control
 NCCDPPH, CoCHP
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Head and Neck: General Facts

- ◆ 5% H&N patients have 2nd primary at diagnosis
- ◆ 20% develop subsequent primary
- ◆ Most common histology = basal and squamous cell carcinomas
- ◆ Abuse of alcohol + tobacco = 11 x risk
- ◆ If patient continues to smoke after dx/tx, survival is < 50% of someone who quits!
- ◆ M:F – at least 2:1 (except thyroid)



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Risk Factors

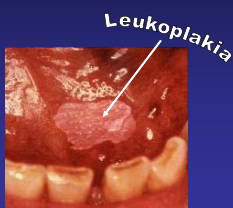
- ◆ Tobacco
- ◆ Alcohol
- ◆ Chronic irritation
- ◆ Diet (lack fruits, vegetables)
- ◆ Mouthwash containing alcohol
- ◆ HPV virus
- ◆ Immunosuppressive medications
- ◆ Gender

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Screening

- ◆ General population – NOT recommended
- ◆ High risk population
 - Long exposure history
 - ◆ Tobacco
 - ◆ Alcohol
- ◆ Physical exams
 - Dental
 - GYN
 - Family doctor



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Symptoms

GENERAL

- ◆ Dysphagia
- ◆ Earache
- ◆ Hemoptysis
- ◆ Mouth lesions
- ◆ Neck lump
- ◆ Pain or numbness
- ◆ Skin changes
- ◆ Voice changes

NASAL CAVITY

- ◆ Chronic sinus infections
- ◆ Epistaxis

SALIVARY GLANDS

- ◆ Face muscle paralysis

PHARYNX

- ◆ Headaches
- ◆ Ringing, pain in ears

LARYNX


- ◆ Breathing difficulties

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Workup


- ◆ **PE**
 - Palpation all parts and neck
 - Indirect mirror exam
- ◆ **Radiology**
 - CT, MRI, PET, sonography
 - Chest X-ray
- ◆ **Biopsy**
 - Brush
 - Excisional
- ◆ **Panendoscopy**
 - Laryngoscopy
 - Bronchoscopy
 - Esophagoscopy
 - Hypopharyngoscopy
 - Rule out 2nd primaries
 - Especially for C76.0




7 Brush biopsy - www.doctorspiller.com 

Abstracting Issues


- ◆ What's the primary site?
- ◆ Vocabulary
- ◆ Multiple primaries?
- ◆ Treatment



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2007 MP/H Rules: Coding Primary Site

- ◆ Code tumor origin NOT just biopsy site
- ◆ If primary site not documented or discrepant information
 - Priority Order
 - ◆ 1. Tumor Board
 - A. Specialty
 - B. General
 - ◆ 2. Staging physician's site assignment
 - A. AJCC staging form
 - B. TNM statement in medical record

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2007 MP/H Rules: Coding Primary Site

- ◆ 3. Total resection of primary
 - A. Surgeon's statement from op report
 - B. Final dx from path report
- ◆ 4. No resection (biopsy only)
 - A. Endoscopy
 - B. Radiation oncologist consult
 - C. Diagnosing physician
 - D. Primary care physician
 - E. Other physician
 - F. Radiologist/diagnostic imaging
 - G. Physical exam physician statement



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2007 MP/H Rules: Origin Undetermined

- ◆ If point of origin can NOT be determined:
 - C02.8 overlapping lesion of tongue
 - C08.8 overlapping lesion of major salivary glands
 - C14.8 overlapping lesion of lip, oral cavity, and pharynx
- ... plus individual codes for overlapping sites within organs



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2007 MP/H Rules: Single Primary

- ◆ M1 Unsure Multiple vs Single Tumor
 - When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor and abstract as a single primary. Prepare as one abstract.
 - ◆ Tumor not described as metastasis
- ◆ M2 Single Tumor
 - A single tumor is always a single primary.
 - ◆ Might be overlapping
 - ◆ Tumor not described as metastasis
 - ◆ Combination of in situ and invasive



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Multiple Primaries

- ◆ **M11** - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxx) or third (xxx) number are **multiple primaries**.
- ◆ **M12** - Tumors that **do not meet** any of the above criteria are abstracted as a single primary.
 - **Note 1:** When an invasive tumor follows an in situ tumor **within 60 days**, abstract as a single primary.
 - **Note 2:** All cases covered by Rule M12 have the **same first 3 numbers** in ICD-O-3 histology code.

Sample: Multifocal tumors in floor of mouth
Sample: In situ following invasive > 60 days apart

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Histology Reminders

- ◆ Read general rules AND site-specific rules
- ◆ Look for equivalent terms
- ◆ Most representative specimen

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2007 MP/H Rules: Histology Single Tumor

H1 No path/cytology done or available?

- Priority
 - ◆ Documentation that refers to path
 - ◆ Physician's reference to type of cancer
 - ◆ CT, PET or MRI
- Code specific term when documented
- Code 8000 or 8010 as stated by physician

H2 No path/cytology of primary site

- Code info from metastatic site
- Behavior code /3 at primary site

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2007 MP/H Rules: Histology Single Tumor

H3 One histologic type? – code that


- Do NOT code terms that are not there
- EX: Squamous cell carcinoma = 8070 (NOT nonkeratinizing 8072)

H4 Invasive AND in situ
= invasive only

H5 Code the most *specific* histologic term using Chart 1 when there are multiple histologies within the same branch

- Use Chart 1

H6 Code to the *highest* number (old Rule K)




2007 MP/H Rules: Histology Single Tumor

◆ **Chart 1**

```

    graph TD
      A["Cancer, Carcinoma NOS (8000, 8001, 8010)"] --> B["Undifferentiated carcinoma (8020)"]
      A --> C["Squamous carcinoma (8070)"]
      A --> D["Adenosquamous (8560)"]
      A --> E["Adenocarcinoma, NOS (8140)"]
      C --> F["8050 – 8052 Papillary, verrucous"]
      C --> G["807x variety of SCC"]
      C --> H["8082 – 8084 Lymphoepithelial Other SCC"]
      E --> I["4 different subgroups"]
  
```



2007 MP/H Rules: Histology Multiple Tumors/Single Primary

H7 – same as H1 (no path available)


H8 – same as H2 (code from mets tissue)

H9 – same as H3 (code one if only one listed)

H10 – same as H4 (code invasive when in situ + invasive)

H11 – same as H5 (use Chart 1)

H12 – same as H6 (none of the above)



The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

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