

**NAACCR Hospital Registry
Webinar Series**


Shannon Vann, CTR
Jim Hofferkamp, CTR



**Abstracting Larynx Cancer
Incidence & Treatment Data**

- Estimated new cases and deaths from laryngeal cancer in the United States in 2008:
 - ◆ New cases: 12,250
 - ◆ Deaths: 3,670


Source: National Cancer Institute
www.cancer.org

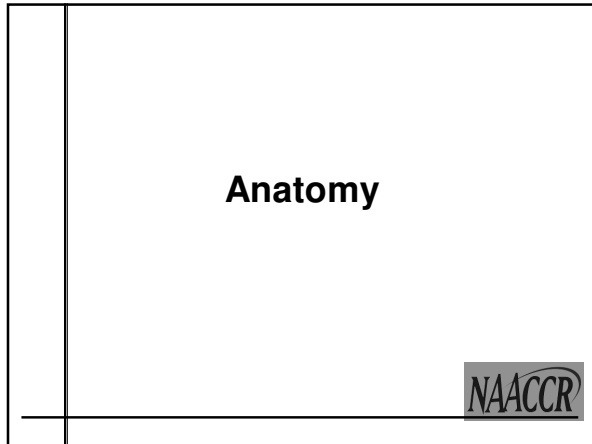


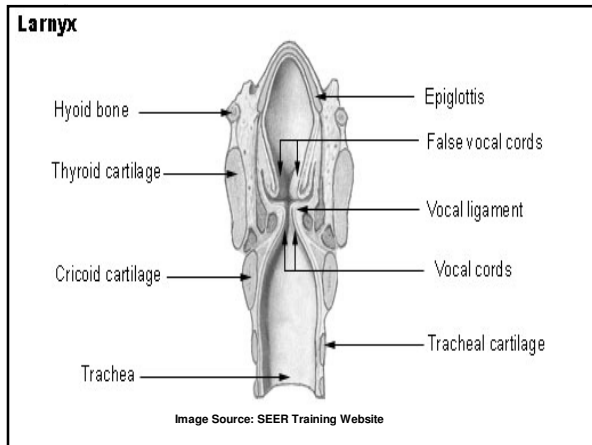
Histology

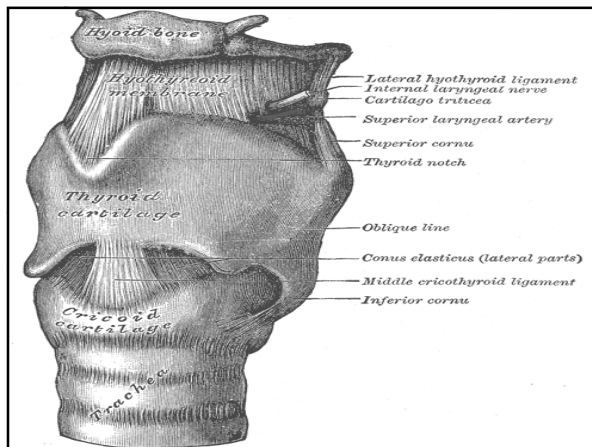
- Squamous Cell Carcinoma
 - ◆ Keratinizing
 - ◆ Non-keratinizing and well-differentiated to poorly differentiated grade.
- Non squamous cell carcinoma

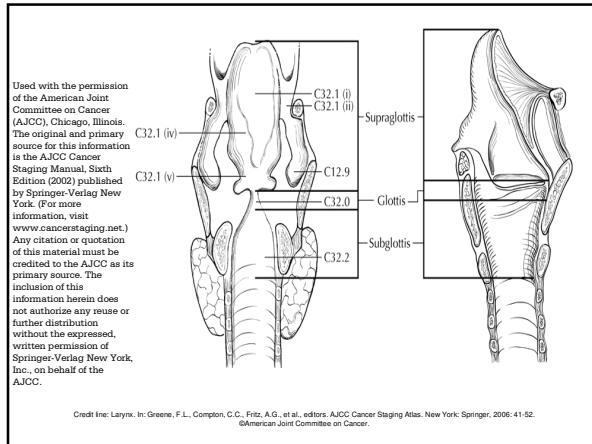
Source: National Cancer Institute
www.cancer.org

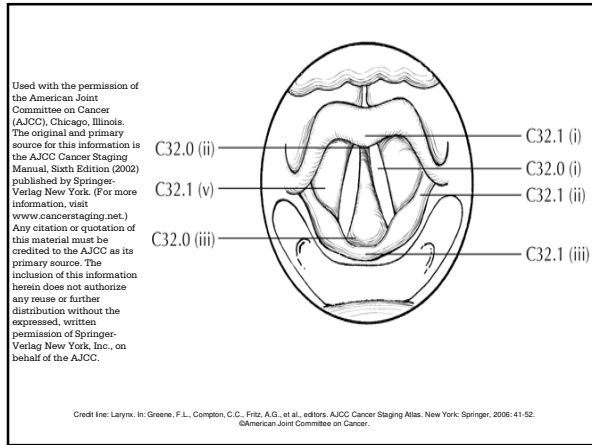


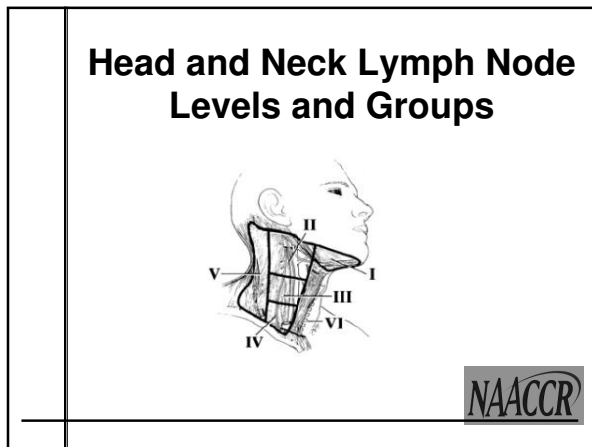


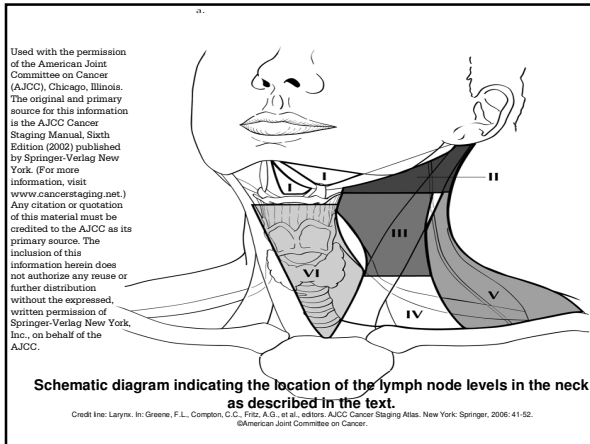


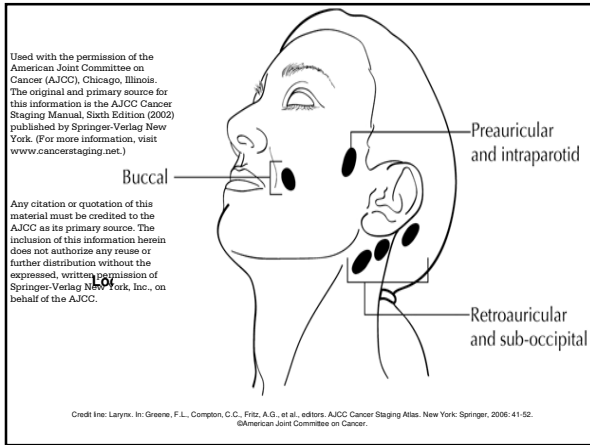


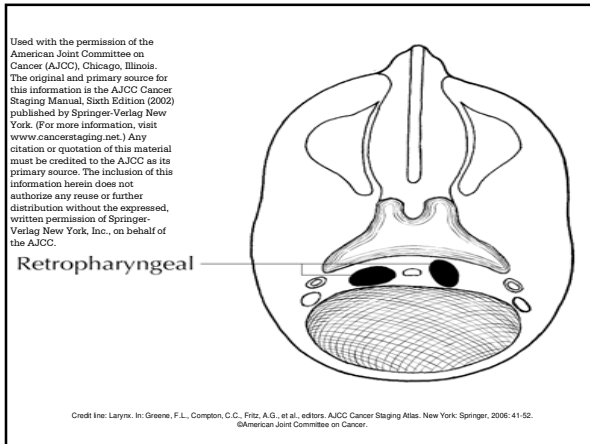













Diagnosing Larynx Cancer

- Physical exam
- Laryngoscope
- MRI/CT Scans



2007 Multiple Primary and
Histology Rules

Coding Primary Site

1. Tumor Board
 - a. Specialty
 - b. General
2. Staging physician's site assignment
 - a. AJCC staging form
 - b. TNM statement in medical record
3. If neither 1 or 2 available, based on whether tumor was resected

Coding Primary Site

- 4. If total resection of primary tumor was done, code based on:
 - a. Operative report – surgeon's statement
 - b. Final diagnosis on pathology report

Coding Primary Site

- 5. If total resection was NOT done code based on:
 - a. Endoscopy
 - b. Radiation oncologist
 - c. Diagnosing physician
 - d. Primary care physician

Continued on next slide

Coding Primary Site

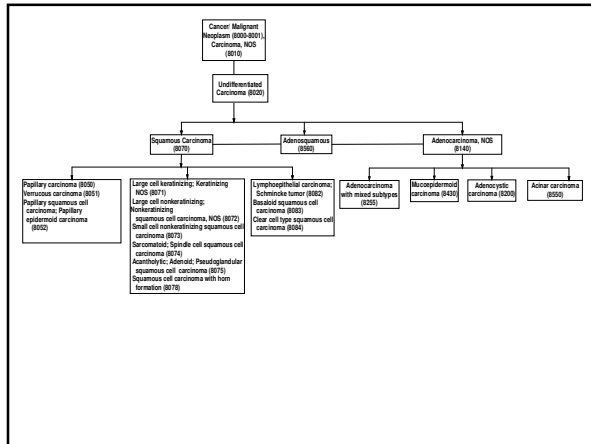
- e. Other physician
- f. Diagnostic imaging
- g. Physician statement based on clinical examination

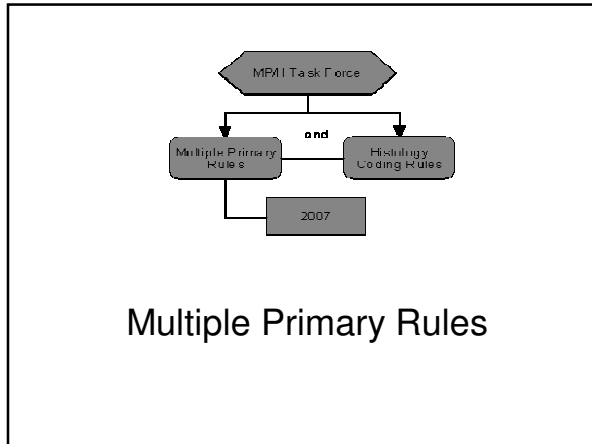
Default Site Codes

- Point of origin cannot 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.

Chart 1 – H&N Histology Groups and Specific Types

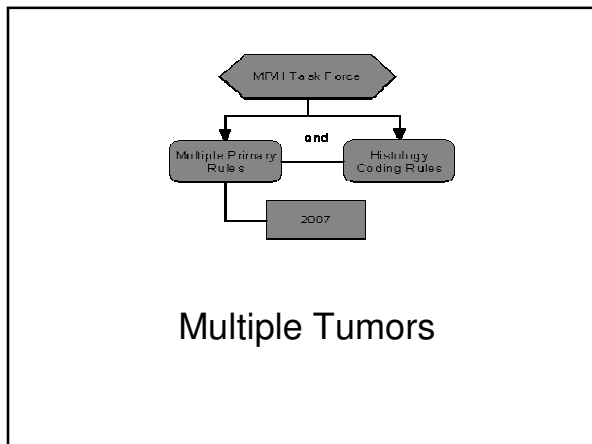
- Use this chart with the histology rules to code the most specific histologic term.
- The tree is arranged in descending order.
- Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group.
- As you follow the branch down, the terms become more specific





Multiple Primary Rules

- **Rule M1**
 - 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.*
- **Rule M2**
 - A **single tumor** is always a single primary.*



Multiple Primary Rules
Multiple Tumors

- **Rule M3**
– Tumors on the **right side and the left side of a paired site** are multiple primaries. **
- **Rule M4**
– Tumors on the **upper lip (C000 or C003) and the lower lip (C001 or C004)** are multiple primaries. **
- **Rule M5**
– Tumors on the **upper gum (C030) and the lower gum (C031)** are multiple primaries. **

Multiple Primary Rules
Multiple Tumors

- **Rule M6**
– Tumors in the **nasal cavity (C300) and the middle ear (C301)** are multiple primaries. **
- **Rule M7**
– Tumors in sites with ICD-O-3 **topography codes that are different at the second (Cxxx) and/or third (Cxxx) character** are multiple primaries. **

Multiple Primary Rules
Multiple Tumors

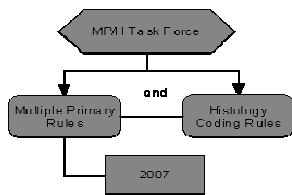
- **Rule M8**
– An **invasive tumor following an in situ tumor more than 60 days after diagnosis** is a multiple primary. **
- **Rule M9**
– Tumors diagnosed **more than five (5) years apart** are multiple primaries. **

Multiple Primary Rules Multiple Tumors

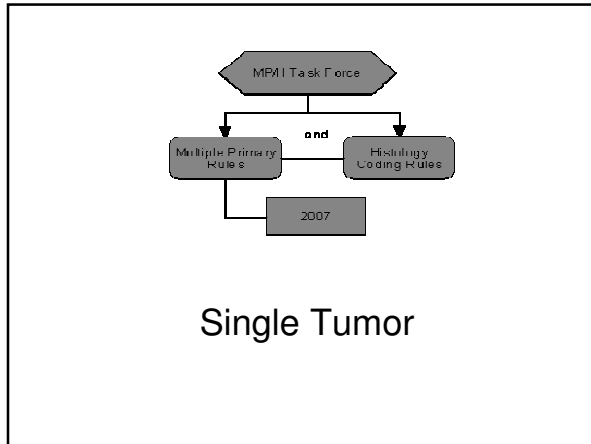
- **Rule M10**
 - Abstract as a single primary* when one tumor is:
 - **Cancer/malignant neoplasm, NOS (8000) and** another is a **specific histology** or
 - **Carcinoma, NOS (8010) and** another is a **specific carcinoma** or
 - **Adenocarcinoma, NOS (8140) and** another is a **specific adenocarcinoma** or
 - **Squamous cell carcinoma, NOS (8070) and** another is **specific squamous cell carcinoma** or
 - **Melanoma, NOS (8720) and** another is a **specific melanoma**
 - **Sarcoma, NOS (8800) and** another is a **specific sarcoma**

Multiple Primary Rules Multiple Tumors

- **Rule M11**
 - Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- **Rule M12**
 - Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary.



Histology Rules

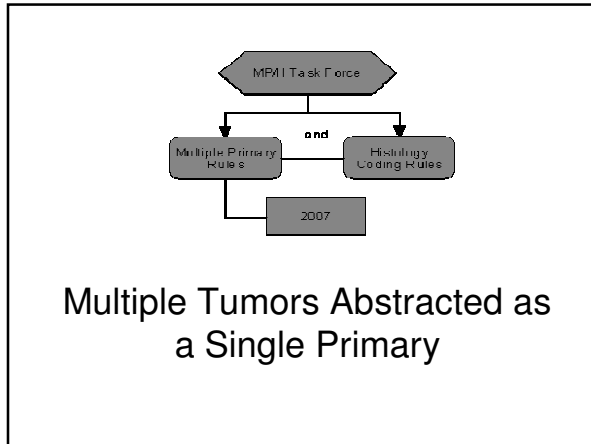


Histology Rules

- **Rule H1**
 - Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.
- **Rule H2**
 - Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.
- **Rule H3**
 - Code the histology when only **one histologic type** is identified.

Histology Rules

- **Rule H4**
 - Code the **invasive** histologic type when a single tumor has invasive and in situ components.
- **Rule H5**
 - Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch.
- **Rule H6**
 - Code the histology with the **numerically higher** ICD-O-3 code.



Histology Rules

- **Rule H7**
 - Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.
- **Rule H8**
 - Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Histology Rules

- **Rule H9**
 - Code the histology when only **one histologic type** is identified.
- **Rule H10**
 - Code the histology of the **most invasive** tumor.

Histology Rules

- **Rule H11** Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch. Examples of histologies within the same branch are:
 - Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
 - Carcinoma, NOS (8010) and a more specific carcinoma or
 - Squamous cell carcinoma, NOS (8070) and a more specific squamous carcinoma or
 - Adenocarcinoma, NOS(8140) and a more specific adenocarcinoma or
 - Melanoma, NOS (8720) and a more specific melanoma or
 - Sarcoma, NOS (8800) and a more specific sarcoma

Histology Rules

- **Rule H12**
 - Code the histology with the **numerically higher** ICD-O-3 code.

MP/H Task Force




Collaborative Staging

Larynx




Larynx

- Glottic, Larynx
 - ◆ C32.0 Glottis
- Supraglottic
 - ◆ C32.1 Supraglottis
- Subglottic
 - ◆ C32.2 Subglottis
- Overlapping or Larynx, NOS
 - ◆ C32.3 Laryngeal Cartilage
 - ◆ C32.8 Overlapping lesion
 - ◆ C32.9 Larynx, NOS




CS Tumor Size

- Use Standard Table




CS Extension

- **Supraglottic Larynx**
 - ◆ 10-Invasive tumor with normal vocal cord mobility confined to: Supraglottis (one subsite)
- **Glottic Larynx**
 - ◆ 10-Invasive tumor with normal mobility confined to glottis, NOS; Intrinsic larynx; laryngeal commissure (s) anterior, posterior; vocal cord (s), nos; true vocal cord (s), true cords.



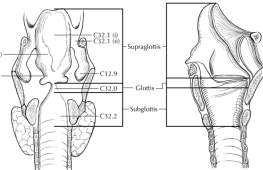
CS Extension

- **Subglottic Larynx**
 - ◆ 10-Invasive tumor with normal vocal cord mobility confined to the subglottis.



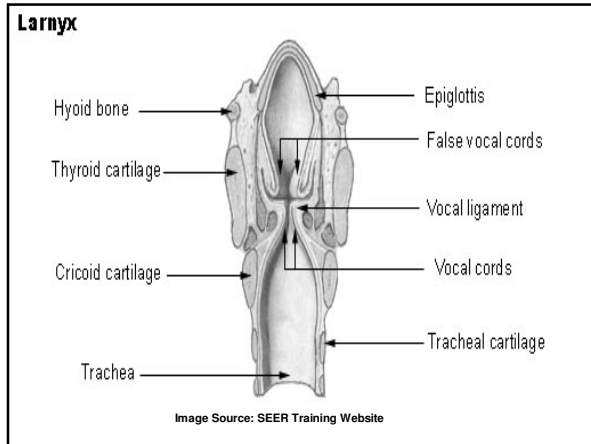
Larynx

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.



Anatomical sites and subsites of the three regions of the larynx: supraglottis, glottis, and subglottis. Supraglottis (C32.1) subsites include suprahoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), infrahyoid epiglottis (iv), and ventricular bands or false cords (v).

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006:41-52. ©American Joint Committee on Cancer.



Larynx

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.


Anatomical sites and subsites
Supraglottis (C32.1) subsites include supraharyoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), arytenoids (iii), and ventricular bands or false cords (v).
Glottis (C32.0) subsites include vocal cords (i), anterior commissure (ii), and posterior commissure (iii).

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fitz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

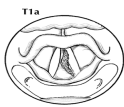
Glottis

Larynx

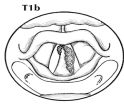
Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.



T1



T1a




T1b

- **T1 tumors of the glottis are limited to the vocal cord(s) with normal mobility (may involve anterior or posterior commissure).**
- **T1a tumors are limited to one vocal cord (top right)**
- **T1b tumors involve both vocal cords (bottom right).**


Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

Larynx

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.



T2




T2 tumors of the glottis extend to supraglottis and/or subglottis, or with impaired vocal cord mobility.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

CS Ext

- **30-Tumor involves adjacent regions(s) of larynx**
 - ◆ Subglottis
 - ◆ Supraglottis
 - ◆ False vocal cord(s)
- **35 Impaired vocal cord mobility**



Larynx

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.

T3

T3 tumors of the glottis are limited to the larynx with vocal cord fixation (shown), and/or invade paraglottic space, and/or minor thyroid cartilage erosion (e.g., inner cortex).

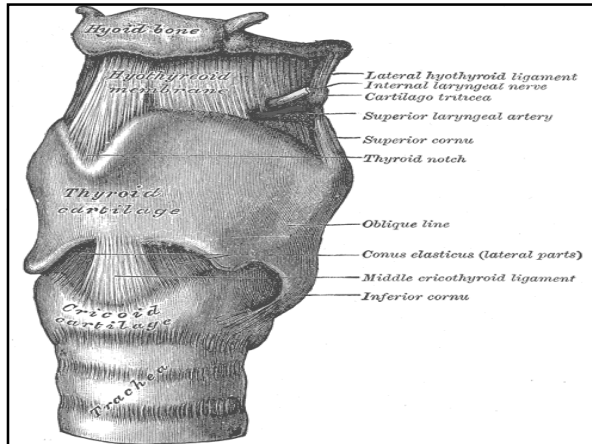
Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

CS Ext

- 40 Tumor limited to larynx WITH vocal cord fixation
 - ◆ Involvement of intrinsic muscle(s):
 - ◆ Aryepiglottic
 - ◆ Corniculate tubercle
 - ◆ Cuneiform tubercle
 - ◆ Arytenoid
 - ◆ Cricoarytenoid
 - ◆ Cricothyroid
 - ◆ Thyroepiglottic
 - ◆ Thyroarytenoid
 - ◆ Vocalis

CS Ext

- 51 Paraglottic space
- 52 Minor thyroid cartilage erosion (e.g., inner cortex)



Larynx

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.


T4a


T4a tumors of the glottis invade through the thyroid cartilage and/or invade tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus).


Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

CS Ext

- **60 Base of tongue**
 - ◆ Hypopharynx, NOS
 - ◆ Pre-epiglottic tissues
 - ◆ Postcricoid area
 - ◆ Pyriform sinus
 - ◆ Vallecula
- **68 Extension to/through**
 - ◆ Cricoid cartilage
 - ◆ Thyroid cartilage except minor erosion, see code 52

	CS Ext
	<ul style="list-style-type: none">■ 70 Extension to/through tissues beyond larynx:<ul style="list-style-type: none">◆ Extrinsic (strap) muscles◆ Omohyoid◆ Sternohyoid◆ Sternothyroid◆ Thyrohyoid◆ Oropharynx◆ Skin◆ Soft tissue of neck◆ Thyroid gland◆ Trachea
	

	CS Ext
	<ul style="list-style-type: none">■ 71 Cervical esophagus■ 73 Deep extrinsic muscle(s) of tongue■ 80 Further contiguous extension, including:<ul style="list-style-type: none">◆ Mediastinal structures◆ Prevertebral space◆ Tumor encases carotid artery
	

	Lymph Nodes
	


CS Lymph Nodes

Note 1:

- For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2:

- For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.




CS Lymph Nodes

Note 3:

- If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Note 4:


- For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.



CS Lymph Nodes

Code 10


- Single positive ipsilateral regional node:
 - ◆ Level II
 - ◆ Level III
 - ◆ Level IV
 - ◆ Level VI
- Cervical, NOS
- Deep cervical, NOS
- Internal jugular NOS:
- Regional lymph node, NOS
- Stated as N1, NOS



CS Lymph Nodes

Code 11


- Single positive ipsilateral regional node:
 - ◆ Level I
 - ◆ Other groups
 - ◆ Retropharyngeal
 - ◆ Mandibular, NOS



CS Lymph Nodes


Code 12

- Single positive ipsilateral regional node:
 - ◆ Level V node
 - ◆ Level VII node
 - ◆ Upper mediastinum (for other mediastinal nodes see CS Mets at DX)
 - ◆ Other groups
 - ◆ Supraclavicular, NOS (See Note 4)




CS Lymph Node

- 30 Regional lymph nodes as listed in code 10:
 - ◆ Positive ipsilateral node(s), not stated if single or multiple
- 31 Regional lymph nodes as listed in code 11:
 - ◆ Positive ipsilateral node(s), not stated if single or multiple
- 32 Regional lymph nodes as listed in code 12:
 - ◆ Positive ipsilateral node(s), not stated if single or multiple




CS Lymph Nodes

- 40 Regional lymph nodes as listed in code 10:
 - ◆ Positive bilateral or contralateral nodes
- 41 Regional lymph nodes as listed in code 11:
 - ◆ Positive bilateral or contralateral nodes
- 42 Regional lymph nodes as listed in code 12:
 - ◆ Positive bilateral or contralateral nodes



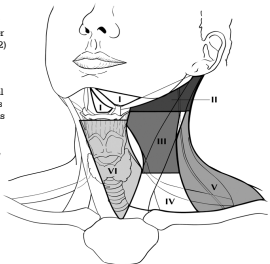
CS Lymph Nodes

- 50 Regional lymph nodes as listed in code 10:
 - ◆ Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple
- 51 Regional lymph nodes as listed in code 11:
 - ◆ Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple
- 52 Regional lymph nodes as listed in code 12:
 - ◆ Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple



Introduction to Head and Neck Sites

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.



Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006:41-52. ©American Joint Committee on Cancer.

Introduction to Head and Neck Sites

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.)

Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.

Location of parotid, buccal, retroauricular and occipital nodes.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

Introduction to Head and Neck Sites

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.

Location of retropharyngeal nodes.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.


Introduction to Head and Neck Sites

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.

Regional lymph node (N) classification for all head and neck cancer sites except nasopharynx and thyroid cancers.


Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

Distant Mets




Distant Mets

- Common only for patients who have bulky regional lymphadenopathy
 - ◆ Lung is the most common site
 - ◆ Skeletal and Hepatic less often
 - ◆ Mediastinal lymph nodes are considered distant mets




**CS Site-Specific Factor 1
Size of Lymph Nodes**


<u>Code</u>	<u>Description</u>
000	No involved regional nodes
001-988	Exact size in millimeters
989	989 mm or larger
990	Microscopic focus
991	Described as less than 1 cm
992	Described as less than 2 cm or greater than 1 cm or between 1 cm and 2 cm




CS Site-Specific Factor 1 Size of Lymph Nodes	
<u>Code</u>	<u>Description</u>
993	Described as less than 3 cm or greater than 2 cm or between 2 cm and 3 cm
994	Described as less than 4 cm or greater than 3 cm or between 3 cm and 4 cm



CS Site-Specific Factor 1 Size of Lymph Nodes	
<u>Code</u>	<u>Description</u>
995	Described as less than 5 cm or greater than 4 cm or between 4 cm and 5 cm
996	Described as less than 6 cm or greater than 5 cm or between 5 cm and 6 cm
997	Described as more than 6 cm
999	Unknown




CS Site-Specific Factor 2 Extracapsular Extension	
<u>Code</u>	<u>Description</u>
000	No extracapsular extension
001	Extracapsular extension clinically
005	Extracapsular extension pathologically
888	Not applicable; no lymph node involvement
999	Unknown



CS Site-Specific Factors 3-6


- One digit represents lymph nodes of a single level
 - ◆ 0 = lymph nodes not involved
 - ◆ 1 = lymph nodes involved
 - ◆ 9 = unknown
- Code unknown lymph node as 999
- Code regional nodes, NOS, as 000



CS Site-Specific Factor 3

- Record involvement or non-involvement of levels I, II, and III lymph nodes


I II III



CS Site-Specific Factor 4

- Record involvement or non-involvement of levels IV, V, and retropharyngeal (RP) lymph nodes

IV V RP



CS Site-Specific Factor 5

■ Record involvement or non-involvement of levels VI, VII, and facial (F) lymph nodes

VI VII F

NAACCR

CS Site-Specific Factor 6

■ Record involvement or non-involvement of parapharyngeal (PP), parotid (PA), and suboccipital (S) lymph nodes

PP PA S

NAACCR

CS Site-Specific Factors 1-6

Example 11: Path from radical neck dissection for parotid gland primary: 2 metastatic submandibular nodes with extracapsular extension to one node; 3 metastatic posterior cervical nodes, largest malignant node 2.5 cm in diameter.

Primary site: C07.9 Parotid gland

SSF1: 025 SSF4: 010
SSF2: 005 SSF5: 000
SSF3: 100 SSF6: 000


NAACCR

CS Site-Specific Factors 1-6

Example 12: Tonsillectomy path – 1 cm squamous cell carcinoma of tonsillar fossa. CT scan head/neck – swelling to cervical nodes, probably malignant, less than 2 cm in size.


Primary site: C09.0 Tonsillar fossa

SSF1: 992	SSF4: 000
SSF2: 000	SSF5: 000
SSF3: 000	SSF6: 000



CS Site-Specific Factors 3-6


- One digit represents lymph nodes of a single level
 - ◆ 0 = lymph nodes not involved
 - ◆ 1 = lymph nodes involved
 - ◆ 9 = unknown
- Code unknown lymph node as 999
- Code regional nodes, NOS, as 000



CS Site-Specific Factor 3

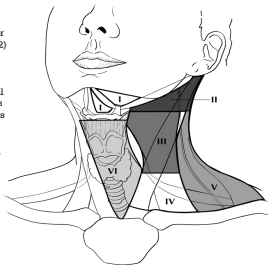
- Record involvement or non-involvement of levels I, II, and III lymph nodes

_____	_____	_____
I	II	III



Introduction to Head and Neck Sites

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.



Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.


CS Site-Specific Factor 4

- Record involvement or non-involvement of levels IV, V, and retropharyngeal (RP) lymph nodes

IV

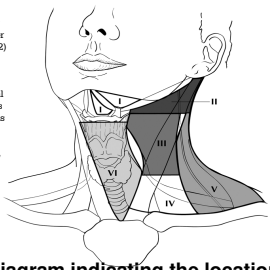
V

RP



Introduction to Head and Neck Sites

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.

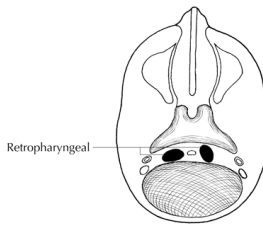


Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

Introduction to Head and Neck Sites

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.



Location of retropharyngeal nodes.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.


CS Site-Specific Factor 5

- Record involvement or non-involvement of levels VI, VII, and facial (F) lymph nodes

VI

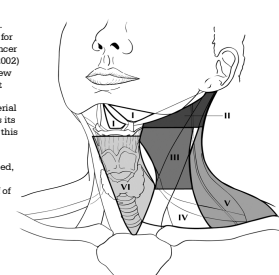
VII

F




Introduction to Head and Neck Sites

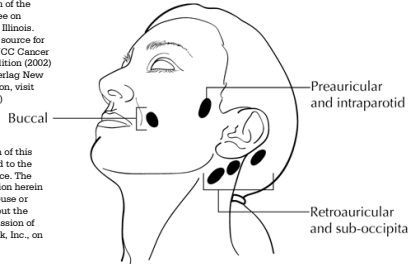
Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.





Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.


Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.


CS Site-Specific Factor 6		
■ Record involvement or non-involvement of parapharyngeal (PP), parotid (PA), and suboccipital (S) lymph nodes		
_____	_____	_____
PP	PA	S
		

Introduction to Head and Neck Sites	
<p>Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Sixth Edition (2002) published by Springer-Verlag New York. (For more information, visit www.cancerstaging.net)</p>	
<p>Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer-Verlag New York, Inc., on behalf of the AJCC.</p>	
Location of parotid, buccal, retroauricular and occipital nodes.	
<small>Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.</small>	

First Course Treatment	
Larynx Gland	
	

	<h3>First Course Treatment</h3> <ul style="list-style-type: none">■ Intended to affect tumor by<ul style="list-style-type: none">◆ Modification◆ Control◆ Removal◆ Destruction■ Includes curative and palliative treatment 
--	--


	<h3>Treatment: Stage I</h3> <ul style="list-style-type: none">■ Supraglottis<ul style="list-style-type: none">◆ External-beam radiation therapy alone.◆ Supraglottic laryngectomy.■ Glottis<ul style="list-style-type: none">◆ Radiation therapy◆ Cordectomy◆ Partial or hemilaryngectomy or total laryngectomy◆ Laser excision■ Subglottis<ul style="list-style-type: none">◆ Radiation therapy◆ Surgery <p><small>Source: National Cancer Institute www.cancer.org</small></p> 
--	---

	<p><small>Source: National Cancer Institute www.cancer.org</small></p> <h3>Treatment: Stage II</h3> <ul style="list-style-type: none">■ Supraglottis<ul style="list-style-type: none">◆ External-beam radiation therapy◆ Supraglottic laryngectomy or total laryngectomy,<ul style="list-style-type: none">◆ Postoperative radiation therapy is indicated for positive or close surgical margins.■ Glottis<ul style="list-style-type: none">◆ Radiation therapy◆ Partial or hemilaryngectomy or total laryngectomy◆ Laser microsurgery■ Subglottis<ul style="list-style-type: none">◆ Radiation therapy 
--	--

Source: National Cancer Institute
www.cancer.org

Treatment: Stage III


- **Supraglottis**
 - ◆ Surgery with or without postoperative radiation therapy.
 - ◆ Definitive radiation therapy with surgery for salvage of radiation failures.
 - ◆ Chemotherapy administered concomitantly with radiation therapy
 - ◆ Laryngectomy



Source: National Cancer Institute
www.cancer.org

Treatment: Stage III


- **Glottis**
 - ◆ Surgery with or without postoperative radiation therapy
 - ◆ Definitive radiation therapy with surgery for salvage of radiation failures
 - ◆ Chemotherapy administered concomitantly with radiation therapy
 - ◆ Laryngectomy



Source: National Cancer Institute
www.cancer.org

Treatment: Stage III


- **Subglottis**
 - ◆ Laryngectomy plus isolated thyroidectomy and tracheoesophageal node dissection usually followed by postoperative radiation therapy.
 - ◆ Radiation therapy alone



Source: National Cancer Institute
www.cancer.org

Treatment: Stage IV


- **Supraglottis**
 - ◆ Total laryngectomy with postoperative radiation therapy.
 - ◆ Definitive radiation therapy with surgery for salvage of radiation failures.
 - ◆ Chemotherapy administered concomitantly with radiation therapy



Source: National Cancer Institute
www.cancer.org

Treatment: Stage IV


- **Glottis**
 - ◆ Total laryngectomy with postoperative radiation therapy.
 - ◆ Definitive radiation therapy with surgery for salvage of radiation failures.
 - ◆ Chemotherapy administered concomitantly with radiation therapy





Source: National Cancer Institute
www.cancer.org


Treatment: Stage IV

- **Subglottis**
 - ◆ Laryngectomy plus total thyroidectomy and bilateral tracheoesophageal node dissection usually followed by postoperative radiation therapy.
 - ◆ Treatment by radiation therapy alone is indicated for patients who are not candidates for surgery.



	<h2>Surgery</h2> <ul style="list-style-type: none">■ Hemilaryngectomy (30)<ul style="list-style-type: none">◆ Left or right half of larynx including thyroid cartilage, false cord, ventricle, and true vocal cord.■ Partial laryngectomy (30)<ul style="list-style-type: none">◆ Part of thyroid cartilage and corresponding portions of laryngeal mucosa.■ Supraglottic laryngectomy (33)<ul style="list-style-type: none">◆ Part of larynx superior to the true vocal cord (transection through the ventricles).■ Total laryngectomy (41)<ul style="list-style-type: none">◆ Entire larynx. 
--	---

	<h2>Treatment</h2> <ul style="list-style-type: none">■ Radiation Therapy<ul style="list-style-type: none">◆ Beam Radiation◆ Preferred therapy for early stage disease■ Chemotherapy■ Hormone Therapy■ Other Therapy 
--	---

	<h2>Questions?</h2> 
--	---
