Head & Neck Cancer

I: Overview

Division of Cancer Prevention and Control
NCCDPHP, CoCHP
Centers for Disease Control and Prevention
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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)
**Risk Factors**
- Tobacco
- Alcohol
- Chronic irritation
- Diet (lack fruits, vegetables)
- Mouthwash containing alcohol
- HPV virus
- Immunosuppressive medications
- Gender

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

**Symptoms**

<table>
<thead>
<tr>
<th>GENERAL</th>
<th>NASAL CAVITY</th>
<th>SALIVARY GLANDS</th>
<th>PHARYNX</th>
<th>LARYNX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysphagia</td>
<td>Chronic sinus infections</td>
<td>Face muscle paralysis</td>
<td>Headaches</td>
<td>Breathing difficulties</td>
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<tr>
<td>Earache</td>
<td>Epistaxis</td>
<td></td>
<td>Ringing, pain in ears</td>
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<tr>
<td>Hemoptysis</td>
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<tr>
<td>Mouth lesions</td>
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<tr>
<td>Neck lump</td>
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<tr>
<td>Pain or numbness</td>
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<tr>
<td>Skin changes</td>
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<tr>
<td>Voice changes</td>
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</tbody>
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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

Abstracting Issues

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

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
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

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

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
2007 MP/H Rules: Multiple Primaries

- M3 Paired sites – Tumors on right and left sides are multiple primaries (Table 1)
- M4 Lip – Tumors on UPPER lip and LOWER lip are multiple primaries (C00.x)
- M5 Gum – Tumors on UPPER gum and LOWER gum are multiple primaries (C03.x)
- M6 – Tumors in nasal cavity and middle ear are multiple primaries (C30.x)
- M7 – Tumors with ICD-O-3 topography codes different at 2nd (Cxx) or 3rd (Cxx) character are multiple primaries

<table>
<thead>
<tr>
<th>Column 1: Paired Sites</th>
<th>Column 2: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parotid Glands</td>
<td>C079</td>
</tr>
<tr>
<td>Major Salivary Glands</td>
<td>C090, C091</td>
</tr>
<tr>
<td>Tonsils</td>
<td>C090, C091, C098, C099</td>
</tr>
<tr>
<td>Nasal Cavity</td>
<td>C300</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>C310, C312</td>
</tr>
<tr>
<td>Middle Ear</td>
<td>C391</td>
</tr>
</tbody>
</table>

Example:
- C02.1 Tip of tongue
- C10.0 Vallecula

Example:
- C06.0 Cheek mucosa
- C07.9 Parotid gland

- M8 - An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary

- M9 - Tumors diagnosed more than five (5) years apart are multiple primaries

- M10 – when histology notes generic description with more specific description it is SINGLE primary
  - 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 Primaries

- **M11** - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) 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

Histology Reminders

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

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
**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)

### Chart 1

- Cancer, Carcinoma NOS (8000, 8001, 8010)
- Undifferentiated carcinoma (8020)
- Squamous carcinoma (8070)
- Adenosquamous (8560)
- Adenocarcinoma, NOS (8140)
- Papillary, verrucous
- Other SCC
- Lymphoepithelial
- 4 different subgroups

### 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.

For information about CDC’s Cancer Prevention and Control Programs and the National Program of Cancer Registries
Please visit www.cdc.gov/cancer/npcr