Case Scenario 1

History

A 52 year-old male with a 20-pack-year smoking history presented with about a 6 month history of persistent hoarseness. The patient had a squamous cell carcinoma of the lip removed about 6 years ago. An exam of the neck revealed a 2cm palpable left cervical lymph node. He was referred for laryngoscopy.

Operative report-Microsuspension Direct Laryngoscopy 6/8/11:

A fungating lesion originating on the superior surface of the left true vocal cord was seen growing onto the anterior commissure and the laryngeal surface of the left ventricular band. The tumor approached, but did not cross the midline. The right vocal cord was free of tumor. The mass was biopsied and the scope removed. Clinically, this appears to be at least a T2 N1 Stage III squamous cell carcinoma. A CT of the neck of the neck and chest is highly recommended.

Pathology:

Specimen type: Incisional biopsy of the glottis
Histology: Moderately differentiated squamous cell carcinoma

CT of the head, neck and chest 6/15/11:

A CT of the head and neck and of the chest showed thickening in the glottis region consistent with the known squamous cell carcinoma of the left true vocal cord. Also noted are three enlarged upper anterior deep cervical lymph nodes and a single enlarged upper paralaryngeal lymph node. All of these lymph nodes are on the left side and are highly suspicious for metastasis. The largest positive lymph node measures 2.5cm's. No further abnormalities were identified.

Treatment Summary 10/15/11:

The patient returned today for a follow-up visit. The patient has completed his course of concurrent chemo/radiation and is currently disease free. He began concurrent chemotherapy and radiation treatment on 6/26/11 and received 35 fractions at 2.0 per fraction over 7 weeks for a total of 70 Gy. The patient also received a total of 56 Gy to the uninvolved nodal stations over the same time period. Radiation was delivered using IMRT. The patient also received concurrent Cisplatin every 3 weeks beginning 6/26/11.

- **How many primaries are present in case scenario 1?**

- **How would we code the histology of the primary you are currently abstracting?**

Stage/ Prognostic Factors			
CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
Regional Nodes Examined		CS SSF 15	
CS Mets at Dx		CS SSF 16	
CS Mets Eval		CS SSF 17	
		CS SSF 18	
CS SSF 1		CS SSF 19	
CS SSF 2		CS SSF 20	
CS SSF 3		CS SSF 21	
CS SSF 4		CS SSF 22	
CS SSF 5		CS SSF 23	
CS SSF 6		CS SSF 24	
CS SSF 7		CS SSF 25	
CS SSF 8			

Treatment			
Diagnostic Staging Procedure			
Surgery Codes		**Radiation Codes**	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Radiation Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	

Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

Case Scenario 2

CT of the head and neck 4/13/11

Findings: Post contrast axial CT of the soft tissues of the neck from the skull base to the aortic arch was performed. There is an abnormal extensive enhancing irregular mass lesion in the right oropharynx. This lesion appears to emanate from the right aspect of the epiglottis with extension into the adjacent oropharyngyl mucosa. This is certainly suspicious for squamous cell carcinoma. Histologic evaluation is recommended. The superior aspect of the mass is at the level of the hyoid bone. The hyoid appears intact. The lesion does appear to extend into the right thyroid cartilage. There is abnormal enhancement and thickening extending across the anterior commissure. There is no technically enlarged lymph node identified. Non enlarged right cervical nodes are noted.

Impression: Large heterogeneous enhancing mass that extends into the soft tissue structures of the larynx with asymmetric enlargement of the laryngeal soft tissues. This extends extensively into the soft tissue structures of the larynx with asymmetry and thickening across the midline to the left oropharyngeal structures via the posterior and anterior commissures. There may also be invasion of the right thyroid cartilage as well.

Operative Report 4/30/11:

A 74 ear-old male presented after having CT of the head and neck that showed a soft mass originating in the regions with extension into the right thyroid cartilage. A laryngoscopy and biopsy performed on 4/20/11 confirmed the diagnosis of squamous cell carcinoma of the suprahyoid epiglottis. The patient presents today for a radical laryngectomy including the right lobe of the thyroid and a bilateral neck dissection.

Pathology 4/20/11:

Specimen type: Incisional biopsy of the glottis
Histology: Moderately differentiated squamous cell carcinoma

Pathology 4/30/11:

- Final Summary:
  - Histology: Verrucous carcinoma
  - Histologic Grade: Poorly differentiated
  - Tumor Size: 2.4 x 1.2 x .7 cm
  - Extension: Tumor originates in the epiglottis slightly inferior of the hyoid bone. The tumor extends into and through the thyroid cartilage with microinvasion of

the thyroid. The tumor crosses the midline and involves the posterior and anterior commissures.

- Regional Lymph Nodes bilateral levels I-IV: 36 lymph nodes are identified all of which are negative for metastasis.

Note: Work-up for distant metastasis was negative and no additional treatment was recommended.

How many primaries are present in case scenario 1?

How would we code the histology of the primary you are currently abstracting?

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
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		CS SSF 18	
CS SSF 1		CS SSF 19	
CS SSF 2		CS SSF 20	
CS SSF 3		CS SSF 21	
CS SSF 4		CS SSF 22	
CS SSF 5		CS SSF 23	
CS SSF 6		CS SSF 24	
CS SSF 7		CS SSF 25	
CS SSF 8			

Treatment

Diagnostic Staging Procedure			
Surgery Codes		**Radiation Codes**	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Radiation Treatment Modality	

Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			