

**NAACCR 2009-2010 Webinar Series**

**Collecting Cancer Data: Lip & Oral Cavity**

**8/5/2010**

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**Questions**

- Please use the Q&A panel to submit your questions
- Send questions to "All Panelist"

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**Fabulous Prizes!**



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**Agenda**

- 2010 Updates
- Lip and oral cavity overview
- CSv2 for lip and oral cavity
- MP/H rules for lip and oral cavity
- Treatment for lip and oral cavity

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**2010 Update**

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**Everything 2010**

- CSv2 informatics system
  - Software version 02.02.00 released on 4/29/10
  - Software version 02.03.00 scheduled for release October 2010
- Specifications for converting from version 1 to version 2 of Collaborative Stage updated on 7/9/10
  - <http://cancerstaging.org/cstage/software/index.html>
- SEER Abstract Addendum Generator for 2010 Cases Abstracted under Collaborative Stage version 1 (CSv1)
  - <http://seer.cancer.gov/tools/absgenerator/>

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**Everything 2010**

- NAACCR 2010 Implementation Guidelines and Recommendations
  - Revised June 2010
  - <http://www.naacr.org/LinkClick.aspx?fileticket=U-3o31G2Lk%3d&tabid=126&mid=466>
- NAACCR Volume II: Data Standards and Data Dictionary
  - Definitions for standards for cases diagnosed on or after 1/1/2011

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**Everything 2010**

- NAACCR edits metafile
  - Version 12B (v12B) posted on 7/27/10
    - <http://www.naacr.org/StandardsandRegistryOperations/VolumeIV.aspx>
- Hematopoietic database and the embedded Hematopoietic Manual
  - Version 1.6 released on 6/18/10
    - <http://seer.cancer.gov/tools/heme/index.html>

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**Overview**

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**Estimated New Cases and Deaths**

- New Cases in the oral cavity
  - 23,110
- Deaths
  - 5,370

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**Carcinomas of the Oral Cavity**

- Squamous cell carcinoma, conventional
- Squamous cell carcinoma, variant
  - Acantholytic squamous cell carcinoma
  - Adenosquamous carcinoma
  - Basaloid squamous cell carcinoma
  - Papillary squamous cell carcinoma
  - Spindle cell squamous carcinoma
  - Verrucous carcinoma

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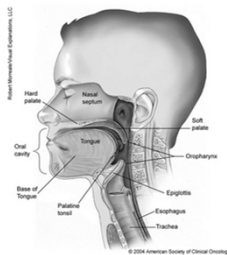
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**Anatomy-Lip and Oral Cavity**



- Upper Lip
- Anterior Tongue
- Upper Gum
- Lower Gum
- Retromolar Trigone
- Other Gum
- Floor of Mouth
- Hard Palate
- Other Mouth
- Cheek, Buccal Mucosa

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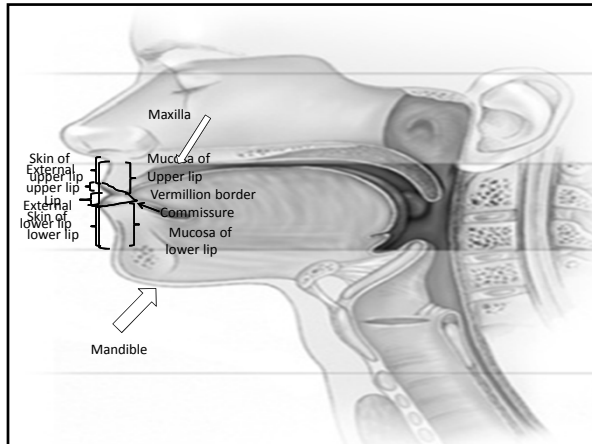
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**Question**

- Should basal cell or squamous cell carcinomas of "lip, NOS" be coded as reportable to C00.\_ [Lip] or to C44.0 [Skin of Lip, NOS], and therefore be considered non-reportable to SEER?

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**Answer**

- Basal cell carcinoma of lip, NOS is coded to C44.0 [skin of lip] because basal cell starts on skin cells, not mucous membrane.
- Squamous cell can be either skin or vermillion of lip.
  - If the lesion is overlapping skin and vermillion, go with the area of greatest involvement.
  - If more than 50% of the lesion is on the vermillion, code to the vermillion [C00.\_] and it is reportable to SEER.

SEER Inquiry System  
20031110  
Updated 2/26/2009

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**Reportable Skin Malignancies**

- Exclude neoplasms of the skin (C44.0–C44.9) with the following histologies.
  - 8000-8005 Neoplasms, malignant, NOS of the skin (C44.0-C44.9)
  - 8010-8046 Epithelial carcinomas of the skin (C44.0-C44.9)
  - 8050-8084 Papillary and squamous cell carcinomas of the skin (C44.0-C44.9)
  - 8090-8110 Basal cell carcinomas of the skin (C44.0-C44.9)
- **Do not exclude skin lesions that occur at the mucoepidermoid sites** [vagina (C52.9), clitoris (C51.2), vulva (C51.0-51.9), prepuce (C60.0), penis (C60.9) , and scrotum (C63.2)]:

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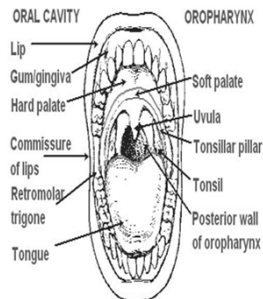
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**Anatomy-Lip and Oral Cavity**

- Buccal Mucosa
  - The buccal mucosa is the lining of the cheeks and the back of the lips, inside the mouth where they touch the teeth.
- Vestibule of the mouth




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### Anatomy-Lip and Oral Cavity

- Gingiva (gums)
  - Upper gingiva
  - Lower gingiva
  - Retromolar (area behind the wisdom teeth)
- Alveolar ridge
  - The mucosa overlying the alveolar process
  - Upper and lower

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### Anatomy-Lip and Oral Cavity

- Floor of mouth
  - Horseshoe-shaped area under the tongue, between the lower jaw bones (the mandible).
- Palate
  - Roof of the mouth
  - Hard palate is the bony portion
  - Soft palate (velum) is the fleshy portion

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### Anatomy-Lip and Oral Cavity

- Anterior tongue
  - “Mobile tongue”
  - Dorsal surface (top)
  - Ventral surface (bottom)
  - Tip
  - Median sulcus
  - Lingual tonsil

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**Question**

- How is this field coded for a tongue primary described as "located on the lateral" or "left oral" tongue?

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**Answer**

- Code lateral tongue without mention of dorsal or ventral surface to C023 (Anterior 2/3 of tongue, NOS).
  - SEER SINO  
Question-20041032  
Last updated 2/26/09

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**Lymph Nodes**

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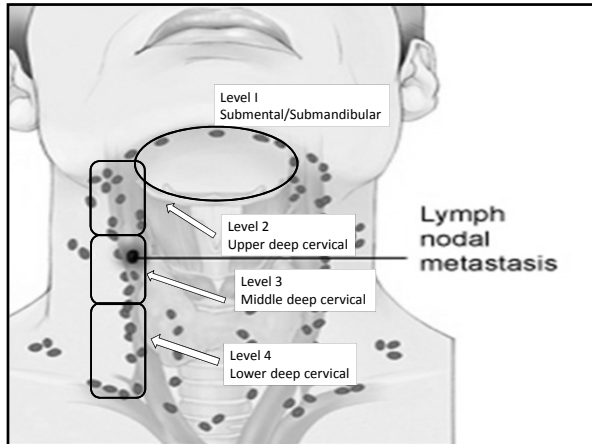
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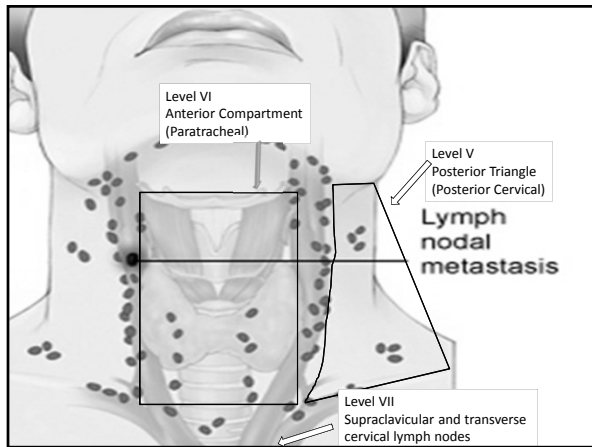
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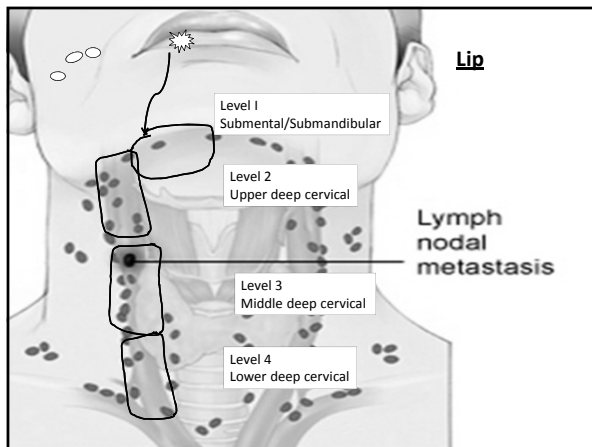
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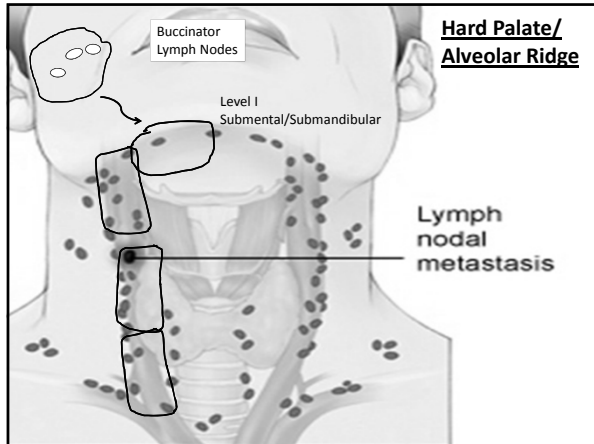
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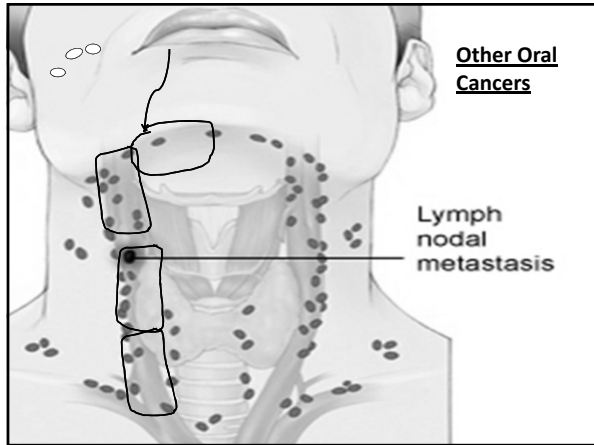
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**Distant Mets**

- Lung
- Skeletal
- Liver
- Mediastinal lymph nodes
  - Except supraclavicular and transverse cervical lymph nodes

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**CSv2**

**Lip and Oral Cavity**

These materials have been adapted from the CSv2 education and training team materials for head and neck.

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**What's New in CS Version 2?**

- New codes reflecting changes in AJCC
- New codes correcting problems in CSv1
- Expanded table notes
- Hyperlinks to Part I

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**What's New in CS Version 2?**

- New definitions for CS Tumor Size
  - To guide coding size from statement of T value
- Revision of CS Extension codes (now 3 digits)
  - New "stated as" codes
  - New combination codes
  - Reassignment of extension codes
    - Clarify coding
    - Add new AJCC category definitions
    - Make codes obsolete

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**What's New in CS Version 2?**

- Site-specific changes in size/extension codes
  - Clarification of T4a definition for lip and oral cavity
- Revision of CS Lymph Nodes codes (now 3 digits)
  - Uniform descriptions of nodes across all sites
  - Correction of problems with CSv1 codes
- New standard codes for CS Mets at DX

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**What's New in CS Version 2?**

- New
  - SSF7 – Upper and lower level cervical nodes
  - SSF8 – Extracapsular extension clinically
  - SSF9 – Extracapsular extension pathologically
  - SSF10 – HPV status
  - SSF11 – Tumor thickness
- Modified
  - SSF2 – Obsolete
  - SSF6 – Retroauricular nodes added

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**What's New in CSv2?**

- Mucosal melanoma
  - **Lip and oral cavity**
  - Pharynx
  - Nasal cavity and accessory sinuses
  - Larynx

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CSv2 Lip & Oral Cavity Schemas	ICD-O-3 Codes
LipUpper	C000, C003
LipLower	C001, C004, C006
LipOther	C002, C005, C008, C009
TongueAnterior	C020, C021, C022, C023, C028, C029
GumUpper	C030
GumLower	C031, C062
GumOther	C039
FloorMouth	C040, C041, C048, C049
PalateHard	C050
MouthOther	C058, C059, C068, C069
BuccalMucosa	C060, C061

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**CSv2 Info Needed to Map to AJCC**

- Lip and oral cavity
  - Tumor size: T1, T2, T3
  - Moderately advanced local disease: T4a
  - Very advanced local disease: T4b

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**CS Extension Mapping**

- Tumor size for codes with carats in TNM 7 mapping
- Extension for codes without carats in TNM 7 mapping
- Extension for Summary Stage 1977 and 2000
- Use CS TS/Ext Eval code to describe how the highest AJCC T value is determined

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**Evaluation Based on Size/Extension**

- Evaluation codes determine AJCC c and p descriptors
- T based on size –CS TS/Ext Eval code describes how size determined
- T based on extension – CS TS/Ext Eval code describes how T value determined
  - If any one of multiple extension codes deriving the same T value determined pathologically
  - Even if higher code showing further clinical extension assigned to case
  - Use TS Size/Extent Eval code deriving a p descriptor

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**Evaluation Based on Size/Extension**

- Example:
- Primary squamous cell carcinoma of the buccal mucosa. CT documents direct extension of the malignancy into the bone of the maxilla (*CS extension code 725*).
  - Resection pathology documents direct extension from buccal mucosa into the skin of the cheek (*CS Extension code 660*).
    - CS Extension = 725
    - CS TS/Ext Eval = 3

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**Changes to CS Tumor Size “Stated as” Codes**

- Do NOT use when there is a specific size
  - Code the specific size when available
- 992 <2 cm, or >1 cm, or between 1 cm and 2 cm  
Stated as T1 with no other information on size
- 994 <4 cm, or >3 cm, or between 3 cm and 4 cm  
Stated as T2 with no other information on size
- 995 <5 cm, or >4 cm, or between 4 cm and 5 cm  
Stated as T3 with no other information on size
- 996 > 5cm

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**CS Extension Pointers**

- Use “combination codes”
  - To derive highest values for
    - AJCC 6<sup>th</sup> and 7<sup>th</sup>
    - Summary Stage 1977 and 2000
- Use “stated as” codes
  - Only if no specific information is available
- Use code 300 for “localized tumor”
  - Only if no specific information

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**CS Lymph Nodes**

Standard Descriptions for Levels of Cervical Nodes	
Submental	Sublevel IA
Submandibular	Sublevel IB
Upper jugular	Sublevels IIA and IIB
Middle jugular	Level III
Lower jugular	Level IV
Posterior triangle group	Sublevels VA and VB
Anterior compartment group	Level VI
Superior mediastinal group	Level VII

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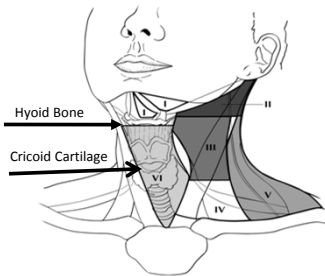
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**Lymph Node Level Diagram**



Introduction to Head and Neck Sites. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006:13-18. © American Joint Committee on Cancer

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**CS Lymph Nodes**

- CS Lymph Nodes codes for lip and oral cavity
  - 000 No lymph node involvement
  - 100, 110, 120 **Single ipsilateral** regional positive node
    - Grouped by regional and distant for Summary Stage
    - N1, N2a, or N3 depending on size
  - 200, 210, 220 **Multiple ipsilateral** regional positive nodes
    - N2b or N3 depending on size
  - 400, 410, 420 **Bilateral or contralateral** regional nodes
    - N2c or N3 depending on size

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**CS Lymph Nodes**

AJCC N	CS Lymph Node Code	Summary Stage	
N1 , N2a, or N3 based on size	1 0 0	Single	Regional
	1 1 0		Distant
	1 2 0		
N2b or N3 based on size	2 0 0	Multiple	Regional
	2 1 0		Distant
	2 2 0		
N2c or N3 based on size	4 0 0	Bilateral or Contralateral	Regional
	4 1 0		Distant
	4 2 0		

AJCC      Summary Stage

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**CS Lymph Nodes**

- 300, 310, 320 Positive ipsilateral regional nodes, unknown single/multiple
  - N1, N2a, or N3 depending on size
- 500, 510, 520 Positive regional nodes, unknown single/multiple, unknown ipsilateral or bilateral/contralateral
  - N1, N2, or N3 depending on size
- 800 Positive node(s)
  - N1, N2, or N3 depending on size
- “Stated as” codes available

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**CS Lymph Nodes**

- “Stated as” codes available
  - 180: Stated as N1, no other information
  - 190: Stated as N2a, no other information
  - 190: Stated as N2b, no other information
  - 490: Stated as N2c, no other information
  - 600: Stated as N2, no other information
  - 700: Stated as N3, no other information

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**CS Lymph Nodes**

- Table Notes
  - Code all lymph nodes defined as Levels I-VII and Other by AJCC, complete definitions in Part I
  - Additional information about nodes coded in site-specific factors 1, 3-9
  - Nodes assumed to be ipsilateral if not specified
    - Midline nodes considered ipsilateral
  - Supraclavicular nodes considered Level V nodes if not specified as level IV

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**CS Lymph Nodes**

- Table Notes
  - Description of lymph nodes standardized across head and neck schemas
  - All lymph node levels/groups regional for AJCC staging
    - Summary Stage 1977 and Summary Stage 2000 divide nodes into regional and distant groups
  - Change in code assignment of nodal level or group

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**CS Lymph Nodes: Lip & Oral Cavity**

- ^For codes 100-120, 200-220, 300-320, 400-420, 500-520, and 800 ONLY, the N category for AJCC 7<sup>th</sup> Edition staging is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.
- \* For codes 100-120, 200-220, 300-320, 400-420, 500-520, and 800 ONLY, the N category for AJCC 6<sup>th</sup> Edition staging is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

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**Lymph Nodes Size Table**

CS Lymph Nodes	SSF1 000-000	SSF1 001-030	SSF1 031-060	SSF1 061-989	SSF1 990-990	SSF1 991-993
100	ERROR	N1	N2a	N3	N1	N1
110	ERROR	N1	N2a	N3	N1	N1
120	ERROR	N1	N2a	N3	N1	N1
200	ERROR	N2b	N2b	N3	N2b	N2b
210	ERROR	N2b	N2b	N3	N2b	N2b
220	ERROR	N2b	N2b	N3	N2b	N2b

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**CS Mets at DX**

- Table Note
  - Code supraclavicular and transverse cervical node involvement in CS Lymph Nodes
    - Classified as regional nodes for AJCC
    - Classified as distant nodes for Summary Stage 2000 and 1977

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**MX Eliminated**

- MX has been eliminated from 7<sup>th</sup> Edition
  - Clinical M0
  - Unless clinical or pathologic evidence of metastasis
- cM only requires history and physical
- Infer cM0 unless known cM1

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**Standard Table - CS Mets at DX**

Code	Description
00	No; none
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis
50	Distant lymph nodes (10) plus other distant metastases (40)
60	Distant Metastasis, NOS Stated as M1, NOS
99	Unknown

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**Mets at DX-Metastatic Sites**

- 4 new fields
  - Bone excluding marrow
  - Lung excluding pleura and pleural fluid
  - Brain excluding spinal cord and other CNS
  - Liver
- Code 0 when CS Mets at Dx is 00
- Code structure
  - 0 – No
  - 1 – Yes
  - 8 – Not applicable
  - 9 – Unknown

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**Site-Specific Factor 1**

**Size of Lymph Nodes**

- Table notes
  - Code largest diameter of involved regional nodes
  - Clinical assessment
    - Code size as described in clinical or radiographic exam
  - Pathologic assessment
    - Code size as described on pathology report

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**Site-Specific Factor 1**

- Size of Involved Lymph Nodes
  - 000 No involved regional nodes
  - 001-979 001-979 millimeters (code exact size)
  - 980 980 millimeters or larger
  - 990 Microscopic focus or foci only, no size
  - 991 Described as <1cm
  - 992 Described as <2cm or >1cm or between 1cm & 2cm
  - 993 Described as <3cm or >2cm or between 2cm & 3cm
  - 994 Described as <4cm or >3cm or between 3cm & 4cm
  - 995 Described as <5cm or >4cm or between 4cm & 5cm
  - 996 Described as <6cm or >5cm or between 5cm & 6cm
  - 997 Described as >6cm
  - 999 Size not stated, unknown

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**Site-Specific Factor 2**

**OBSOLETE**

- Extracapsular Extension, Lymph Nodes for Head and Neck
- Table Note
  - SSF 2 obsolete beginning with CSv2
  - Old data retained
  - New cases not coded with this site-specific factor
  - Use code 988

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**Site-Specific Factors 3 – 6**

**Node Levels**

- Table notes for SSF 3, SSF 4, SSF 5, SSF 6
  - Code presence or absence of node involvement
  - Definitions of levels are same for all head and neck sites
  - One digit used to represent lymph nodes of a single level
    - SSF 3: Levels I-III
    - SSF 4: Levels IV, V, retropharyngeal nodes
    - SSF 5: Levels VI, VII, facial nodes
    - SSF 6: Other groups as defined by AJCC

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**Site-Specific Factor 3 – Node Levels**

- Levels I-III, Lymph Nodes for Head & Neck

- |       | Level I                            | Level II | Level III |
|-------|------------------------------------|----------|-----------|
| – 000 | No lymph node involvement          |          |           |
| – 100 | Level I node(s) involved           |          |           |
| – 010 | Level II node(s) involved          |          |           |
| – 001 | Level III node(s) involved         |          |           |
| – 110 | Level I and II nodes involved      |          |           |
| – 101 | Level I and III nodes involved     |          |           |
| – 011 | Level II and III nodes involved    |          |           |
| – 111 | Level I, II and III nodes involved |          |           |
| – 999 | Unknown, not stated                |          |           |

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**Site-Specific Factor 4 – Node Levels**

- Levels IV-V and Retropharyngeal Nodes for Head & Neck

- |       | Level IV                                          | Level V | Retropharyngeal |
|-------|---------------------------------------------------|---------|-----------------|
| – 000 | No node involvement                               |         |                 |
| – 100 | Level IV node(s) involved                         |         |                 |
| – 010 | Level V node(s) involved                          |         |                 |
| – 001 | Retropharyngeal nodes involved                    |         |                 |
| – 110 | Level IV and V nodes involved                     |         |                 |
| – 101 | Level IV and retropharyngeal nodes involved       |         |                 |
| – 011 | Level V and retropharyngeal nodes involved        |         |                 |
| – 111 | Level IV and V and retropharyngeal nodes involved |         |                 |
| – 999 | Unknown, not stated                               |         |                 |

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**Site-Specific Factor 5 – Node Levels**

- Levels VI-VII and Facial Lymph Nodes for Head & Neck
  - Level VI    Level VII    Facial**
  - 000 No node involvement
  - 100 Level VI node(s) involved
  - 010 Level VII node(s) involved
  - 001 Facial node(s) involved
  - 110 Level VI and VII nodes involved
  - 101 Level VI and facial nodes involved
  - 011 Level VII and facial nodes involved
  - 111 Level VI and VII and facial nodes involved
  - 999 Unknown, not stated

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**Site-Specific Factor 6 – Node Levels**

- Parapharyngeal, Parotid, Sub-Occipital Nodes for Head & Neck
  - Parapharyngeal    Parotid    Suboccipital/Retroauricular**
  - 000 No node involvement
  - 100 Parapharyngeal node(s) involved
  - 010 Parotid node(s) involved
  - 001 Suboccipital/retroauricular node(s) involved
  - 110 Parapharyngeal and parotid nodes involved
  - 101 Parapharyngeal and suboccipital/retroauricular nodes involved
  - 011 Parotid and suboccipital/retroauricular nodes involved
  - 111 Parapharyngeal, parotid and suboccipital/retroauricular nodes involved
  - 999 Unknown, not stated

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**Site-Specific Factor 7  
Upper and Lower Cervical Node Levels**

- Table Notes
  - Nodes designated as involving upper and/or lower levels of neck
  - Boundary between upper and lower levels
    - Lower border of the cricoid cartilage
    - Upper levels: Levels I, II, III, VA, all “Other Groups” - “U”
    - Lower levels: Levels IV, VB, and VII – “L”
    - Level VI nodes span both upper and lower levels
  - Code upper and lower level involvement as stated by physician
  - If no physician statement, assign by level involved
  - Description of “mid neck”, clarify with physician

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**Site-Specific Factor 7**

- Upper and Lower Cervical Node Levels
  - 000 No lymph nodes involved
  - 010 Upper level lymph nodes involved
    - Above lower border of cricoid
  - 020 Lower level lymph nodes involved
    - Below lower border of cricoid
  - 030 Upper and lower level lymph nodes involved
    - Both above and below lower border of cricoid
  - 040 Unknown level lymph nodes involved
    - Unable to determine
  - 999 Unknown, not stated

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**Site-Specific Factor 8  
Extracapsular Extension Clinically**

- Table Notes
  - Status of extracapsular extension assessed clinically
    - Any involved regional node(s) coded in CS Lymph Nodes
    - Distant nodes not coded in this field
  - Clinical assessment by physical examination or imaging
    - Extracapsular spread (ECS) diagnosed clinically by
      - Matted mass of nodes adherent to skin/soft tissue
      - Clinical evidence of cranial nerve invasion
    - Radiologic signs of ECS include
      - Amorphous, spiculated margins of a metastatic node
      - Stranding of perinodal soft tissue

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**Site-Specific Factor 8**

- Extracapsular Extension Clinically
  - 000 No lymph nodes involved clinically
  - 010 Nodes involved clinically, no ECS clinically – E-
  - 020 Nodes involved clinically, ECS clinically – E+
    - Nodes described as fixed or matted
  - 030 Nodes involved clinically, unknown if ECS
  - 997 Clinical examination of lymph nodes, unknown results
  - 998 No clinical examination of lymph nodes
  - 999 Unknown, not stated

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**Site-Specific Factor 9**

**Extracapsular Extension Pathologically**

- Table Notes
  - Status of extracapsular extension assessed pathologically
    - Any involved regional lymph node(s) coded in CS Lymph Nodes
    - Distant nodes not coded in this field
  - Code “microscopic” or “macroscopic” extranodal extension
    - As stated in pathology report
    - “Microscopic” if extranodal extension only in micro section
    - “Macroscopic” if extranodal extension in gross section
    - “Macroscopic” takes precedence over “microscopic”
  - Special circumstances for codes 010, 040, 050

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**Site-Specific Factor 9**

- Extracapsular Extension Pathologically
  - 000 No lymph nodes involved pathologically
  - 010 Nodes involved pathologically, no ECS – En
  - 020 Nodes involved pathologically, microscopic ECS – Em
  - 030 Nodes involved pathologically, macroscopic ECS – Eg
  - 040 Nodes involved pathologically, ECS, unknown micro or macro
  - 050 Nodes involved pathologically, unknown ECS
  - 997 Pathologic examination of lymph nodes, unknown results
  - 998 No pathologic examination of nodes
  - 999 Unknown, not stated

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**Site-Specific Factor 10**

**HPV Status**

- Table Notes
  - HPV plays a result in pathogenesis of some cancer
  - Results of HPV testing on cancer tissue
  - Highest risks: Types 16 and 18
  - Other high risk: multiple types noted in SSF table
  - HPV vaccine designed to protect against types 16, 18, 6, 11
  - Codes 000 or 060
    - If test reports only negative or positive for high-risk HPV

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**Site-Specific Factor 10**

- HPV Status
  - 000 HPV test negative; not positive for any HPV types
  - 010 LOW RISK positive ( all positive types low risk)
  - 020 HIGH RISK positive, types other than HPV 16 or 18
  - 030 HIGH RISK positive for 16, not positive for 18 or 18 unknown
  - 040 HIGH RISK positive for 18, not positive for 16 or 16 unknown
  - 050 HIGH RISK positive for HPV 16 and 18
  - 060 HIGH RISK positive NOS, types not specified
  - 070 Positive NOS, risk and types not stated
  - 997 Test ordered, results not in chart
  - 998 Test not done, no pathologic specimen available for testing
  - 999 Unknown, not documented

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**Site-Specific Factor 11  
Measured Thickness**

- Table Note
  - Code MEASURED THICKNESS (depth) of invasive tumor
    - Not size, diameter, or any other measurement
  - Record actual measurement in tenths of millimeters
    - From pathology report
  - Record measurement labeled as “thickness”
    - Or labeled as “cut surface”
    - Or third dimension in N1 x N2 x N3

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**Site-Specific Factor 11**

- Measured Thickness (Depth)
  - 000 No mass/tumor found
  - 001-979 Exact depth in tenths of millimeters
    - Examples
      - 001 = 0.1 millimeter
      - 010 = 1 millimeter
      - 042 = 4.2 millimeters
      - 100 = 10 millimeters, 1 centimeter
      - 103 = 10.3 millimeters
  - 980 98.0 millimeters or larger
  - 990 Microinvasion, microscopic focus or foci only
  - 997 Not applicable, in situ carcinoma
  - 998 No histologic specimen of primary tumor

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**2007 MP/H Rules**

**Head and Neck**

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**Coding Primary Site**

- Priority Order
  - Tumor board
    - Specialty
    - General
  - Staging physician's site assignment
    - AJCC staging form
    - TNM statement in medical record
  - Total (complete) resection of primary tumor
    - Surgeon's statement from operative report
    - Final diagnosis from pathology report

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**Coding Primary Site**

No resection (biopsy only):

- Documentation from:
  - Endoscopy (physical exam with scope)
  - Radiation oncologist
  - Diagnosing physician
  - Primary care physician
  - Other physician
  - Radiologist impression from diagnostic imaging
  - Physician statement based on physical exam (clinical impression)

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**Coding Primary Site**

- When the point of origin cannot be determined, use a topography code for overlapping sites:
  - C02.8 Overlapping lesion of tongue
  - C08.8 Overlapping lesion of major salivary glands
  - C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

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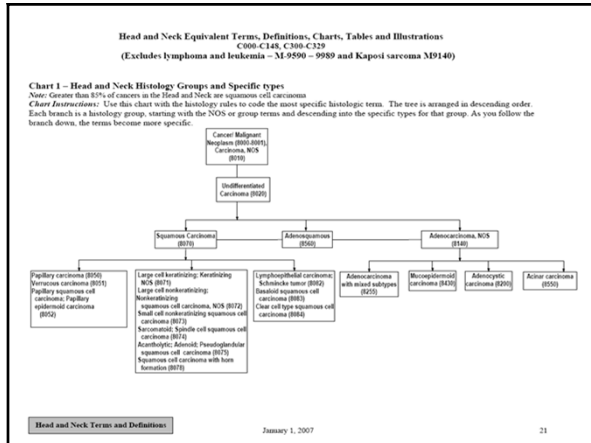
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**Multiple Primaries**

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**Multiple Tumors**

- Rule M3
  - Tumors on the right side and the left side of a paired site are multiple primaries.
  - See Table 1 for list of paired sites (none for Lip or Oral cavity)
- 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.

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**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 (Cxx) and/or third (Cxxx) character are multiple primaries.
- Rule M8
  - An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.

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**Multiple Tumors**

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

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**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.
  - Example:
    - Multifocal tumor in floor of mouth

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**Histology Coding Rules**

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**Single Tumor**

- 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.

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**Single Tumor**

- 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.

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**Multiple Tumors**

- 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.
- Rule H9
  - Code the histology when only one histologic type is identified.

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**Multiple Tumors**

- Rule H10
  - Code the histology of the most invasive tumor.
    - Note 1: See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.
      - One tumor is in situ and one is invasive, code the histology from the invasive tumor.
      - Both/all histologies are invasive, code the histology of the more invasive tumor.
    - Note 2: If tumors are equally invasive, go to the next rule.

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**Multiple Tumors**

- Rule H11
  - Code the most specific histologic term using Chart 1 when there are multiple histologies within the same branch.
- Rule H12
  - Code the histology with the numerically higher ICD-O-3 code.

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**Question**

- A patient with invasive Squamous Cell Carcinoma (8070/3), floor of mouth had two lymph nodes removed. One lymph node was positive for squamous cell carcinoma (8070/3) and the other for mucoepidermoid carcinoma (8430/3). How many primaries? What is the histology?

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**Answer**

- This is two primaries.
    - 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.
  - The floor of mouth primary would be coded to squamous cell carcinoma, NOS (8070).
  - The other primary would be coded to mucoepidermoid carcinoma, NOS (8430).
- Curator  
(I & R Team) 22740-7/20/2007*

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**Treatment**

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**Lip**

- Tumors less than 4cm with no nodal involvement (T1-2, N0).
  - Surgical excision
    - If negative margins, patient will be followed.
    - If positive margins, re-excision or radiation.
  - External beam radiation
    - IMRT

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**Lip**

- Tumor more than 4cm's or moderately advanced local disease without nodal disease or any lymph node involvement ( T3, T4a, N0 or Any T with N1-3).
  - Excision of tumor +/- neck dissection
    - If negative lymph nodes, no further treatment.
    - If positive lymph nodes, may receive chemotherapy, radiation and possibly re-excision.
  - External radiation +/- brachytherapy or chemotherapy.

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**Lip**

- Patients with “very advanced disease”. This includes newly diagnosed distant metastasis, “very advanced local disease”, or unresectable nodal disease (M0, T4b any N, or unresectable nodal disease).
  - Clinical trial is the preferred treatment.
  - Standard therapy includes concurrent chemotherapy and radiation, definitive radiation +/- systemic therapy or supportive care.

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**Oral Cavity**

- Tumors less than 4cm with no nodal involvement (T1-2, N0).
  - Surgical excision
    - If negative margins, patient will be followed.
    - If positive margins, re-excision or radiation.
  - External beam radiation
    - IMRT

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**Oral Cavity**

- Tumor more than 4cm with no clinically evident lymph node metastasis.
  - Excision of primary and either unilateral or bilateral neck dissection.
    - If negative margins, follow-up only.
    - If positive margins or positive lymph nodes, chemotherapy and radiation.

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**Oral Cavity**

- Moderately advanced local disease +/- lymph node metastasis or any tumor with positive lymph nodes (T4a with any N or T1-3 with positive lymph nodes).
  - Excision of primary and neck dissection (ipsilateral or bilateral).
    - If negative residual, patient may have radiation or just be followed.
    - If positive residual, chemotherapy and radiation. May have reexcision.

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**Oral Cavity**

- Patients with “very advanced disease”. This includes newly diagnosed distant metastasis, “very advanced local disease”, or unresectable nodal disease (M0, T4b any N, or unresectable nodal disease).
  - Clinical trial is the preferred treatment.
  - Standard therapy includes concurrent chemotherapy and radiation, definitive radiation +/- systemic therapy or supportive care.

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**Questions?**

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**Next Month...**

- Coding Pitfalls
  - September 2, 2010
- **October starts the 2010/2011 webinar series!**

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