


**Collecting Cancer Data: Pharynx**

NAACCR 2008-2009 Webinar Series  
February 5, 2008



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**Prizes!**

**Question of the Month!**

- The participant that submits the best question of the session will receive a fabulous Prize!
- Shannon and Jim will announce the winner at end of the session.

**Tip of the Month!**

- The participant that sends in the best tip related to the topic will win a spectacular prize!
- Shannon and Jim will announce the winner at the end of the session.



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**Q&A**

Please submit all questions concerning webinar content through the Q&A panel



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**Overview**



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**Pharynx**

- **Estimated new cases and deaths** from Pharyngeal cancer in the United States in 2008:
  - New cases: 12,410
  - Deaths: 2,200



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**Anatomy of the Pharynx**

- Nasopharynx
- Oropharynx
- Hypopharynx



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### Nasopharynx

- C11.0 Superior wall of nasopharynx
  - Roof of nasopharynx
- C11.1 Posterior wall
  - Adenoid
  - Pharyngeal tonsil
- C11.2 Lateral wall
  - Fossa of Rosenmuller




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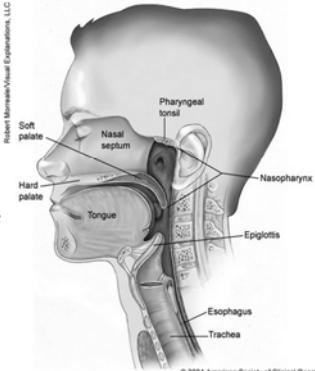
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### Nasopharynx

- C11.3 Anterior wall
  - Nasopharyngeal surface of the soft palate
  - Pharyngeal fornix
  - Choana
  - Posterior margin of the nasal septum
- 11.8 Overlapping
- 11.9 NOS




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### Oropharynx

- C10.0 Vallecula
- C10.1 Anterior surface of the epiglottis
- C10.2 Lateral wall of oropharynx
  - Lateral wall of the mesopharynx




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### Oropharynx

- C10.3 Posterior wall of the oropharynx
  - Posterior wall of the mesopharynx
- C10.4 Branchial cleft
- C10.8 Overlapping lesion
  - Junctional region
- C10.9 Oropharynx NOS
  - Mesopharynx, NOS
  - Fauces, NOS



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### Hypopharynx

- C13.0 Postcricoid region
  - Cricopharynx
  - Cricoid, NOS
- C13.1 Hypopharyngeal aspect of aryepiglottic fold
  - Aryepiglottic fold
  - Arytenoid fold
- C13.2 Posterior wall of the hypopharynx



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### Hypopharynx

- C13.8 Overlapping lesion of the hypopharynx
- C13.9 Hypopharynx, NOS
  - Hypopharyngeal wall
  - Laryngopharynx



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### Pharynx, NOS

- C14.0 Pharynx, NOS
  - Pharyngeal wall, NOS
  - Wall of pharynx, NOS
  - Lateral wall of pharynx, NOS
  - Posterior wall of pharynx, NOS
  - Retropharynx
  - Throat
- C14.2 Waldeyer Ring
- C14.8 Overlapping lesion of the lip, oral cavity, and pharynx



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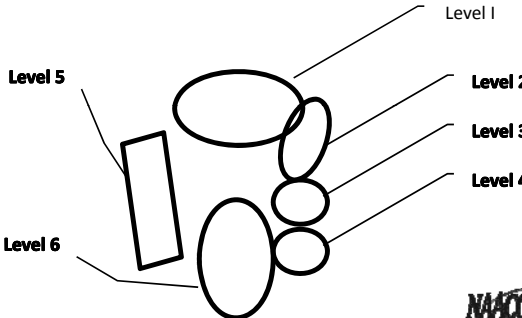
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### Regional Lymph Nodes



Level 1


Level 2

Level 3

Level 4

Level 5

Level 6



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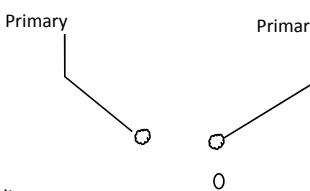
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### Regional Lymph Nodes Terminology

- Ipsilateral
  - Same side as tumor
- Contralateral
  - Opposite side of the tumor
- Bilateral
  - Same side and opposite side



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**Multiple Primary Rules**

Head and Neck



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**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



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**Coding Primary Site**

3. If neither 1 or 2 available, based on whether tumor was resected



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**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



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**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*



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**Coding Primary Site**

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



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### 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**



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### Chart 1 – H&N Histology Groups and Specific Types

*See page 21 of your MPH Manual*

- 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



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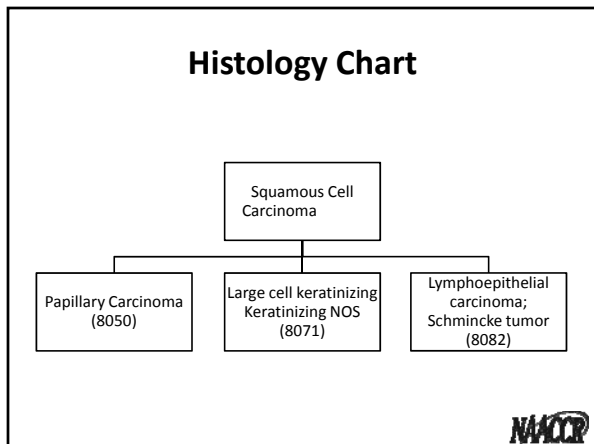
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**Multiple Primary Rules**



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**UNKNOWN IF SINGLE OR  
MULTIPLE TUMORS**

- **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.\*



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**SINGLE TUMOR**

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



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**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. \*\*
- **Rule M6**
  - Tumors in the **nasal cavity** (C300) and the **middle ear** (C301) are multiple primaries. \*\*




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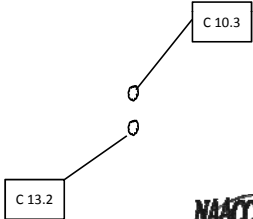

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**Multiple Primary Rules  
Multiple Tumors**

- **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. \*\*


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**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. \*\*




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### 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**




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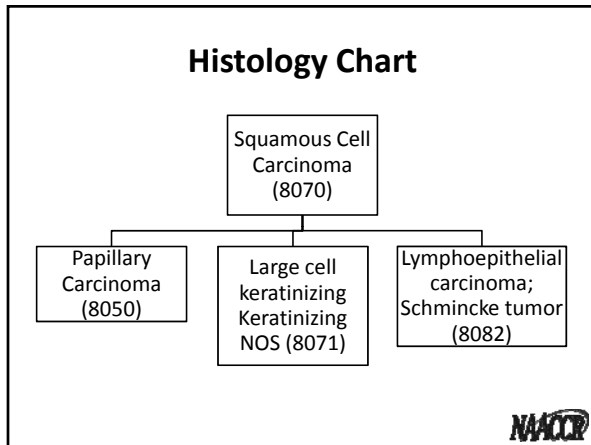
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### Multiple Primary Rules Multiple Tumors

- **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.




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**Histology Rules**



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**Histology Rules  
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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**Histology Rules  
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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### Histology Rules 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**.




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### Histology Rules Multiple Tumors

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




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### Most Invasive

- **Most invasive: The tumor with the greatest continuous extension. The least to the greatest extension for mouth and oral cavity:**
  - epithelium
  - lamina propria
  - submucosa
  - muscularis propria




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### Histology Rules Multiple Tumors

**Rule H11** Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch.

- 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




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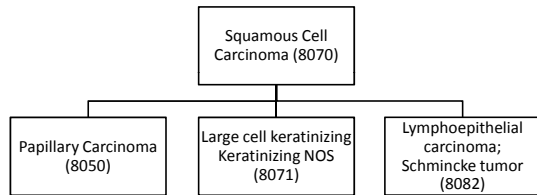
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### Histology Chart




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### Histology Rules

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




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**Collaborative Staging**

Pharyngeal Malignancies




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**Collaborative Staging: Pharynx**

- 5 schemas
  - Oropharynx (C10.0, C10.2-C10.4, C10.8-C10.9)
  - Anterior surface of epiglottis (C10.1)
  - Nasopharynx (C11.0-C11.3, C11.8-C11.9)
  - Hypopharynx, laryngopharynx (C13.0-C13.2, C13.8-C13.9)
  - Pharynx, NOS (C14.0, C14.2, C14.8)




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**CS Tumor Size**

Code	Description
000	No mass found
001-988	Exact size in millimeters (mm)
989	989 mm or larger
990	Microscopic focus or foci only; no size of focus given
991	Less than 1 cm
992	Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm
993	Less than 3 cm OR greater than 2 cm OR between 2 cm and 3 cm
994	Less than 4 cm OR greater than 3 cm OR between 3 cm and 4 cm
995	Less than 5 cm OR greater than 4 cm OR between 4 cm and 5 cm
<b>SITE-SPECIFIC CODES WHERE NEEDED</b>	
999	Unknown




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## CS Extension

- Oropharynx
  - For codes 10, 20, 40, 41, 42, 50, 55, and 60 ONLY, T category is assigned based on value of CS Tumor Size
- Hypopharynx/laryngopharynx
  - For codes 10, 15, 20, 30, 40, 45, 50, and 51 ONLY, T category is assigned based on value of CS Tumor Size




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Collaborative Stage Data Set - Revised 08/19/2006

Oropharynx

### Extension Size Table

• Note: For Extension codes 10, 20, 30, 40, 41, 42, 50, 55 and 60 ONLY, the T category is assigned based on value of Tumor Size, as follows:

From Tumor Size	To Tumor Size	T Code	Comment
000	000	ERROR	Tumor size 000 should only be used with Extension 95.
001	020	T1	
021	040	T2	
041	999	T3	
990	992	T1	
993	994	T2	
995	995	T3	
996	999	ERROR	Tumor size codes 996-999 are not valid for this site.
999	999	TX	

Source:  
[http://web.facs.org/cstage/oropharynx/Oropharynxextratable\\_xaz.html](http://web.facs.org/cstage/oropharynx/Oropharynxextratable_xaz.html)

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Collaborative Stage Data Set - Revised 08/07/2007

Hypopharynx

### Specific Extension with Size

• Note: For Extension codes 10, 15, 20, 30, 40, 45, 50, and 51 ONLY, the T category is assigned based on the value of CS Tumor Size and CS Extension as shown here.

CS Extension	Size 000-000	Size 001-020	Size 021-040	Size 041-800	Size 990-992	Size 993-994	Size 995-995	Size 996-999	Size 999-999
10	ERROR	T1	T2	T3	T1	T2	T3	ERROR	TX
15	ERROR	T1	T2	T3	T1	T2	T3	ERROR	TX
20	ERROR	T2	T2	T3	T2	T2	T3	ERROR	T2
30	ERROR	T1	T2	T3	T1	T2	T3	ERROR	TX
40	ERROR	T2	T2	T3	T2	T2	T3	ERROR	T2
45	ERROR	T2	T2	T3	T2	T2	T3	ERROR	T2
50	ERROR	T2	T2	T3	T2	T2	T3	ERROR	T2
51	ERROR	T2	T2	T3	T2	T2	T3	ERROR	T2

Source:  
[http://web.facs.org/cstage/hypopharynx/Hypopharynxextratable\\_xbq.html](http://web.facs.org/cstage/hypopharynx/Hypopharynxextratable_xbq.html)

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**CS Extension  
Oropharynx**

CS extension = 00



An arrow points from the text 'CS extension = 00' to the top right corner of the box.

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**CS Extension  
Oropharynx**

CS Tumor Size = 992  
CS Extension = 10



An arrow points from the text 'CS Tumor Size = 992' to the top right corner of the box.

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**CS Extension  
Oropharynx**

CS Tumor Size = 994  
CS Extension = 50



An arrow points from the text 'CS Tumor Size = 994' to the top right corner of the box.

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**CS Extension  
Nasopharynx**

CS Extension = 40



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**CS Extension  
Nasopharynx**

CS Extension = 62



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**CS Extension  
Nasopharynx**

CS Extension = 62



An upward-pointing arrow connects the text 'CS Extension = 62' to the title 'CS Extension Nasopharynx'.

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**CS Extension  
Hypopharynx**

CS Tumor Size = 994  
CS Extension = 20




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**CS Extension  
Hypopharynx**

CS Extension =  
63




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**CS Tumor Size/Ext Eval**

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c*
2	Autopsy (known or suspected diagnosis)	p
3	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c

\*For some sites, code 1 may be pathologic staging basis.




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**CS Tumor Size/Ext Eval  
Pharynx, NOS**

Code	Description	Staging Basis
9	Not applicable for this site	NA



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**CS Lymph Nodes  
Oropharynx, Ant Epiglottis, Nasopharynx, Hypopharynx**

Code	Description
00	None
10	Site specific single positive ipsilateral lymph node involvement
11	Site specific single positive ipsilateral lymph node involvement
12	Site specific single positive ipsilateral lymph node involvement
18	Stated as N1
19	Stated as N2a (not valid for nasopharynx)
20	Multiple positive ipsilateral lymph nodes listed in code 10
21	Multiple positive ipsilateral lymph nodes listed in code 11
22	Multiple positive ipsilateral lymph nodes listed in code 12
29	Stated as N2b
30	Code 10 ipsilateral nodes not stated if single or multiple
31	Code 11 ipsilateral nodes not stated if single or multiple



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**CS Lymph Nodes  
Oropharynx, Ant Epiglottis, Nasopharynx, Hypopharynx**

Code	Description
32	Code 12 ipsilateral nodes not stated if single or multiple
40	Bilateral or contralateral code 10 nodes involved
41	Bilateral or contralateral code 11 nodes involved
42	Bilateral or contralateral code 12 nodes involved
49	Stated as N2c (not valid for nasopharynx)
50	Code 10 nodes not stated as ipsilateral, bilateral, or contralateral AND not stated as single or multiple
51	Code 11 nodes not stated as ipsilateral, bilateral, or contralateral AND not stated as single or multiple
52	Code 12 nodes not stated as ipsilateral, bilateral, or contralateral AND not stated as single or multiple



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**CS Lymph Nodes**  
**Oropharynx, Ant Epiglottis, Nasopharynx, Hypopharynx**

Code	Description
60	Stated as N2, NOS
70	Stated as N3, no other information
75	Regional nodes in supraclavicular fossa (nasopharynx ONLY)
80	Lymph nodes, NOS
99	Unknown



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**CS Lymph Nodes**  
**Pharynx, NOS**

Code	Description
00	None
10	Regional lymph node(s) bilateral and/or contralateral (listed on CSM page II-162)
12	Regional lymph node(s) bilateral and/or contralateral: supraclavicular, NOS
80	Lymph nodes, NOS
99	Unknown



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**CS Lymph Nodes**

- Oropharynx, anterior surface of epiglottis, nasopharynx, and hypopharynx/laryngopharynx
  - For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, N category is assigned based on the value of CS SSF1



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## CS Lymph Nodes Nasopharynx

CS Lymph Nodes = 20  
CS SSF1 = 994




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Collaborative Stage Data Set - Revised 11/12/2003

Nasopharynx

### Lymph Nodes Size Table

• Note: For CS Lymph Node codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is determined by the size of involved nodes as coded in the Size of Lymph Nodes Table (see Site-Specific Factor 1) and by using the Lymph Nodes Size Table, as follows:

CS Lymph Nodes Range From	SSF1 000-000	SSF1 001-030	SSF1 031-060	SSF1 061-090	SSF1 090-090	SSF1 091-093	SSF1 094-096	SSF1 097-097	SSF1 099-099
10	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
11	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
12	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
20	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
21	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
22	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
30	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
31	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
32	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
40	ERROR	N2	N2	N3a	N2	N2	N2	N3a	N2
41	ERROR	N2	N2	N3a	N2	N2	N2	N3a	N2
42	ERROR	N2	N2	N3a	N2	N2	N2	N3a	N2
50	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
51	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
52	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1
80	ERROR	N1	N1	N3a	N1	N1	N1	N3a	N1

Source:  
[http://web.facs.org/cstage/nasopharynx/Nasopharynxextratable\\_xcp.html](http://web.facs.org/cstage/nasopharynx/Nasopharynxextratable_xcp.html)

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## CS Lymph Nodes Hypopharynx

CS Lymph Nodes = 42  
CS SSF1 = 992




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**Regional Nodes Positive**

Code	Description
00	All nodes examined are negative
01-89	1-89 nodes are positive; code exact number of nodes positive
90	90 or more nodes are positive
95	Positive aspiration or core biopsy of lymph node(s) was performed
97	Positive nodes are documented, but the number is unspecified
98	No nodes were examined
99	Unknown




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**Regional Nodes Examined**

Code	Description
00	No nodes were examined
01-89	1-89 nodes were examined; code number of regional nodes examined
90	90 or more nodes were examined
95	No regional nodes removed; aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as a sampling; the number of nodes is unknown
97	Regional node removal was documented as dissection; the number of nodes is unknown
98	Regional lymph nodes were surgically removed; number of lymph nodes is unknown & not documented as sampling or dissection; nodes were examined but the number is unknown
99	Unknown




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**CS Mets at Dx  
All 5 Pharynx Schemas**

Code	Description
00	None
10	Distant lymph nodes including mediastinal Distant nodes, NOS
40	Distant metastasis (except distant lymph nodes) Carcinomatosis
50	Distant lymph nodes + other distant metastases
99	Unknown




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**CS Mets at Dx  
Oropharynx**

CS Mets at Dx =  
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**CS Mets Eval**

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c
2	Autopsy (known or suspected diagnosis)	p
3	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c




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**CS Mets Eval  
Pharynx, NOS**

Code	Description	Staging Basis
9	Not applicable for this site	NA




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**CS SSF1 Size of Lymph Nodes  
All Pharynx Schemas**

Code	Description
000	No involved regional nodes
001-988	Exact size in millimeters (mm)
989	989 mm or larger
990	Microscopic focus or foci only; no size of focus given
991	Less than 1 cm
992	Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm
993	Less than 3 cm OR greater than 2 cm OR between 2 cm and 3 cm
994	Less than 4 cm OR greater than 3 cm OR between 3 cm and 4 cm
995	Less than 5 cm OR greater than 4 cm OR between 4 cm and 5 cm
996	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

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**CS SSF2 Extracapsular Extension,  
Lymph Nodes for All Pharynx Schemas**

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as 'fixed', not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown




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**CS SSF3-6 Lymph Node Levels and Other  
Groups for All Pharynx Schemas**

- Code presence or absence of lymph node involvement in 7 levels and other groups defined by AJCC
  - One digit represents lymph nodes of a single level
    - Code 1 in each digit means nodes are involved
  - SSF3 represents lymph nodes of levels I-III
  - SSF4 represents lymph nodes of levels IV, V, and retropharyngeal nodes
  - SSF5 represents levels VI, VII, and facial nodes
  - SSF6 represents remaining Other groups defined by AJCC




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**CS SSF3-6 Lymph Node Levels and Other Groups for All Pharynx Schemas**

- Unknown regional node involvement
  - Code CS SSF3-6 999, unknown, when CS Lymph Nodes = 99 (unknown)
  - Do not code 9 in some positions of SSF3-6 and 0 or 1 in other positions
- Non-specific regional node involvement
  - Code '0' for all digits of CS SSF3-6 when the only information about regional node involvement is 'regional nodes, NOS', 'cervical nodes, NOS', 'internal jugular nodes, NOS', or 'lymph nodes, NOS'



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**Questions?**



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**Treatment**



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### Nasopharynx

- Early stage tumors are primarily treated with radiation therapy.
  - This may be done in combination with a platinum based chemotherapy.
- Later stage tumors are primarily treated with radiation combination of chemotherapy and radiation.



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### Oropharynx

- T1 or T2 with N0 or N1 (tumor less the 4cm and no more than 1 positive ipsilateral node)
  - Definitive radiation therapy *or*
  - Excision of primary with or without a unilateral or bilateral neck dissection *or*
  - Radiation therapy and systemic therapy (usually only when N1).



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### Oropharynx

- T3 or T4 (tumor greater than 4cm or tumor invades specific structures surrounding the oropharynx) and N0 (node negative).
  - Concurrent systemic therapy and radiation therapy *or*
  - Surgery *or*
  - Induction chemotherapy followed by concurrent chemotherapy and radiation *or*
  - Multimodality clinical trials



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### Oropharynx

- T3-T4 (tumor greater than 4cm or tumor invades specific structures surrounding the oropharynx) and node positive or any T and N2-N3 (lymph node greater than 3cm or more than one lymph node involved)
  - Concurrent systemic therapy and radiation therapy.
  - Induction chemotherapy followed by chemotherapy and radiation therapy
  - Surgery to the primary and neck dissection
  - Multimodality clinical trial



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### Hypopharynx

- Early T stage (T1 or a small T2) with negative lymph nodes.
  - Definitive radiation therapy
  - Partial Laryngopharyngectomy with selective neck dissection.



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### Hypopharynx

- T1 with positive nodes or T2 or T3 with any N.
  - Induction chemotherapy
  - Laryngopharyngectomy followed by radiation and possibly adjuvant chemotherapy
    - If lymph node negative, then selective node dissection
    - If lymph node positive, then comprehensive neck dissection including level VI
  - Concurrent systemic therapy and radiation therapy.
  - Multimodality clinical trials



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### Hypopharynx

- T4a and any N
  - Surgery and comprehensive neck dissection followed by chemotherapy and radiation *or*
  - Induction chemotherapy followed by concurrent chemotherapy and radiation *or* just radiation *or*
  - Concurrent systemic therapy and radiation therapy.
  - Multimodality clinical trials



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### Neck Dissection

- Comprehensive neck dissection
  - Includes all lymph nodes that would be included in a classic radical neck dissection regardless of whether the sternocleidomastoid muscle, jugular vein or spinal accessory nerve are preserved.



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### Neck Dissection

- Selective neck dissection
  - Neck dissection based on the understood common pathways of spread for head and neck cancers.
    - Patient who receive a selective neck dissection are generally clinically node negative.



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**Source**

- National Comprehensive Cancer Network (NCCN), *NCCN Clinical Practice Guidelines in Oncology™, Head and Neck Cancers, v.2.2008*  
 – <http://www.nccn.org/Registration/login/login.aspx?s=PG>




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**Surgical Procedure of Primary Site**

- **FORDS Manual Appendix B**
- **PHARYNX**
- **Tonsil C09.0–C09.9, Oropharynx C10.0–C10.9, Nasopharynx C11.0–C11.9**
- **Pyriiform Sinus C12.9, Hypopharynx C13.0–C13.9, Pharynx C14.0**
- (Except for M-9750, 9760–9764, 9800–9820, 9826, 9831–9920, 9931–9964, 9980–9989)




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**Surgical Procedure of Primary Site**

- 20 Local tumor excision, NOS
  - 26 Polypectomy
  - 27 Excisional biopsy
 Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision
- 28 Stripping




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**Surgery**

- 30 Pharyngectomy, NOS
  - 31 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
  - 32 Total pharyngectomy



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**Surgery**

- 40 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)
  - 41 WITH Laryngectomy (laryngopharyngectomy)
  - 42 WITH bone
  - 43 WITH both 41 and 42



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**Surgery**

- 50 Radical pharyngectomy (includes total mandibular resection), NOS
- 51 WITHOUT laryngectomy
- 52 WITH laryngectomy



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**Radiation**

- Beam radiation
  - Radiation Treatment Volume
    - Head and neck (05)
  - Regional Treatment Modality
    - Primary tumors and gross adenopathy generally receive 70Gy at 2Gy per day
    - IMRT and 3D conformal are in phase 2 trials
  - Brachytherapy



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**Chemotherapy**

- Primary systemic therapy plus radiation for squamous cell carcinomas
  - Cisplatin
  - 5fu/hydroxyurea
  - Cisplatin/paclitaxel
  - Cisplatin/infusional 5fu
  - Carboplatin/infusional 5fu
  - Cetuximab



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**Questions?**



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**Thank you!**

- American Society of Clinical Oncology (ASCO)  
– <http://www.cancer.net/portal/site/patient>

Permission is granted to:

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**Thank you for participating in today's webinar!**

- The next webinar is scheduled for 3/5/08 *Cancer Staging In-Depth*
- Forward questions from today's webinar to us. Per request of CoC, we will forward questions to them.
- Contact us at
  - Shannon Vann – [svann@naaccr.org](mailto:svann@naaccr.org); 217-698-0800 X9
  - Jim Hofferkamp – [jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org); 217-698-0800 X5



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