Collecting Cancer Data: Pharynx

NAACCR 2008-2009 Webinar Series
February 5, 2008

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.

Q&A

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

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

Anatomy of the Pharynx

- Nasopharynx
- Oropharynx
- Hypopharynx
Nasopharynx

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

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

Oropharynx

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

**Hypopharynx**

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

**Hypopharynx**

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

Regional Lymph Nodes

Level 1
Level 2
Level 3
Level 4
Level 5
Level 6

Regional Lymph Nodes Terminology

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

Head and Neck

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

Coding Primary Site

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

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

Histology Chart

- Squamous Cell Carcinoma
  - Papillary Carcinoma (8050)
  - Large cell keratinizing Keratinizing NOS (8071)
  - Lymphoepithelial carcinoma; Schmincke tumor (8082)
Multiple Primary Rules

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.*

SINGLE TUMOR

- 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.

• **Rule M6**
  - Tumors in the nasopharynx (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.

• **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

Histology Chart

- Squamous Cell Carcinoma (8070)
  - Papillary Carcinoma (8050)
  - Large cell keratinizing Keratinizing NOS (8071)
  - Lymphoepithelial carcinoma; Schmincke tumor (8082)

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
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.

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.
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.

---

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.

---

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
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

Histology Chart

- Squamous Cell Carcinoma (8070)
  - Papillary Carcinoma (8050)
  - Large cell keratinizing Keratinizing NOS (8071)
  - Lymphoepithelial carcinoma; Schmincke tumor (8082)

Histology Rules

• Rule H12
  – Code the histology with the numerically higher ICD-O-3 code.
Collaborative Staging

Pharyngeal Malignancies

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)

CS Tumor Size

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No mass found</td>
</tr>
<tr>
<td>001-998</td>
<td>Exact size in millimeters (mm)</td>
</tr>
<tr>
<td>989</td>
<td>989 mm or larger</td>
</tr>
<tr>
<td>990</td>
<td>Microscopic focus or foci only; no size of focus given</td>
</tr>
<tr>
<td>991</td>
<td>Less than 1 cm</td>
</tr>
<tr>
<td>992</td>
<td>Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm</td>
</tr>
<tr>
<td>993</td>
<td>Less than 3 cm OR greater than 2 cm OR between 2 cm and 3 cm</td>
</tr>
<tr>
<td>994</td>
<td>Less than 4 cm OR greater than 3 cm OR between 3 cm and 4 cm</td>
</tr>
<tr>
<td>995</td>
<td>Less than 5 cm OR greater than 4 cm OR between 4 cm and 5 cm</td>
</tr>
<tr>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

SITE-SPECIFIC CODES WHERE NEEDED

Unknown
### CS Extension

- **Oropharynx**
  - For codes 10, 20, 30, 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

### Oropharynx Extension Size Table

<table>
<thead>
<tr>
<th>Tumor Size</th>
<th>T Code</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>000</td>
<td>ERRORM</td>
</tr>
<tr>
<td>011</td>
<td>020</td>
<td>T1</td>
</tr>
<tr>
<td>012</td>
<td>021</td>
<td>T2</td>
</tr>
<tr>
<td>013</td>
<td>022</td>
<td>T2</td>
</tr>
<tr>
<td>014</td>
<td>023</td>
<td>T1</td>
</tr>
<tr>
<td>015</td>
<td>024</td>
<td>T2</td>
</tr>
<tr>
<td>016</td>
<td>025</td>
<td>T3</td>
</tr>
<tr>
<td>017</td>
<td>026</td>
<td>T3</td>
</tr>
<tr>
<td>018</td>
<td>027</td>
<td>T3</td>
</tr>
<tr>
<td>019</td>
<td>028</td>
<td>T3</td>
</tr>
</tbody>
</table>

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

### Hypopharynx Specific Extension with Size

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>ERRORM</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
<td>ERRORM</td>
<td>T3</td>
</tr>
<tr>
<td>1</td>
<td>ERRORM</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
<td>ERRORM</td>
<td>T3</td>
</tr>
<tr>
<td>2</td>
<td>ERRORM</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
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<td>T3</td>
</tr>
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<td>4</td>
<td>ERRORM</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
<td>T3</td>
<td>ERRORM</td>
<td>T3</td>
</tr>
<tr>
<td>5</td>
<td>ERRORM</td>
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<td>T3</td>
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<td>ERRORM</td>
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<td>T3</td>
<td>ERRORM</td>
<td>T3</td>
</tr>
</tbody>
</table>

Source: [http://web.facs.org/cstage/hypopharynx/Hypopharynxextratable_xbq.html](http://web.facs.org/cstage/hypopharynx/Hypopharynxextratable_xbq.html)
CS Extension
Oropharynx

CS extension = 00

CS Extension
Oropharynx

CS Tumor Size = 992
CS Extension = 10

CS Extension
Oropharynx

CS Tumor Size = 994
CS Extension = 50
CS Extension
Hypopharynx

CS Tumor Size = 994
CS Extension = 20

CS Extension
Hypopharynx

CS Extension = 63

CS Tumor Size/Ext Eval

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

*For some sites, code 1 may be pathologic staging basis.
## CS Tumor Size/Ext Eval
### Pharynx, NOS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Staging Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Not applicable for this site</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
<tr>
<td>10</td>
<td>Site specific single positive ipsilateral lymph node involvement</td>
</tr>
<tr>
<td>11</td>
<td>Site specific single positive ipsilateral lymph node involvement</td>
</tr>
<tr>
<td>18</td>
<td>Stated as N1</td>
</tr>
<tr>
<td>19</td>
<td>Stated as N2a (not valid for nasopharynx)</td>
</tr>
<tr>
<td>20</td>
<td>Multiple positive ipsilateral lymph nodes listed in code 10</td>
</tr>
<tr>
<td>21</td>
<td>Multiple positive ipsilateral lymph nodes listed in code 11</td>
</tr>
<tr>
<td>22</td>
<td>Multiple positive ipsilateral lymph nodes listed in code 12</td>
</tr>
<tr>
<td>29</td>
<td>Stated as N2b</td>
</tr>
<tr>
<td>30</td>
<td>Code 10 ipsilateral nodes not stated if single or multiple</td>
</tr>
<tr>
<td>31</td>
<td>Code 11 ipsilateral nodes not stated if single or multiple</td>
</tr>
<tr>
<td>50</td>
<td>Code 10 nodes not stated as ipsilateral, bilateral, or contralateral AND not stated as single or multiple</td>
</tr>
<tr>
<td>51</td>
<td>Code 11 nodes not stated as ipsilateral, bilateral, or contralateral AND not stated as single or multiple</td>
</tr>
<tr>
<td>52</td>
<td>Code 12 nodes not stated as ipsilateral, bilateral, or contralateral AND not stated as single or multiple</td>
</tr>
</tbody>
</table>
### CS Lymph Nodes
Oropharynx, Ant Epiglottis, Nasopharynx, Hypopharynx

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Stated as N2, NOS</td>
</tr>
<tr>
<td>70</td>
<td>Stated as N3, no other information</td>
</tr>
<tr>
<td>75</td>
<td>Regional nodes in supraclavicular fossa (nasopharynx ONLY)</td>
</tr>
<tr>
<td>80</td>
<td>Lymph nodes, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

---

### CS Lymph Nodes
Pharynx, NOS

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

---

### 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
**Lymph Nodes Size Table**

<table>
<thead>
<tr>
<th>CS Lymph Nodes Range from</th>
<th>ESFP 100-500</th>
<th>ESFP 501-650</th>
<th>ESFP 651-700</th>
<th>ESFP 701-800</th>
<th>ESFP 801-900</th>
<th>ESFP 901-1000</th>
<th>ESFP 1001-1500</th>
<th>ESFP 1501-2000</th>
<th>ESFP 2001-2500</th>
<th>ESFP 2501-4000</th>
<th>ESFP 4001-7000</th>
<th>ESFP 7001-10000</th>
<th>ESFP 10001-15000</th>
<th>ESFP 15001-20000</th>
<th>ESFP 20001-25000</th>
<th>ESFP 25001-30000</th>
<th>ESFP 30001-35000</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>CS Lymph Nodes = 10</td>
<td>ESFP 1001-1500</td>
<td>ESFP 1501-2000</td>
<td>ESFP 2001-2500</td>
<td>ESFP 2501-3000</td>
<td>ESFP 3001-3500</td>
<td>ESFP 3501-4000</td>
<td>ESFP 4001-7000</td>
<td>ESFP 7001-10000</td>
<td>ESFP 10001-15000</td>
<td>ESFP 15001-20000</td>
<td>ESFP 20001-25000</td>
<td>ESFP 25001-30000</td>
<td>ESFP 30001-35000</td>
<td>ESFP 35001-40000</td>
<td>ESFP 40001-50000</td>
<td>ESFP 50001-60000</td>
</tr>
</tbody>
</table>

**Source:**
http://web.facs.org/cstage/oropharynx/Oropharynxxtratable_xpc.html

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**CS Lymph Nodes Oropharynx**

*Note: For CS lymph node codes 10, 20A, 20B, 30A, 30B, 40A, 40B, 40C, 40D, and 50A-50D, the Linnagery is determined by the size of primary nodes as listed in the Table of Lymph Nodes Table (Site-Specific Factor) and shown in the Lymph Nodes Data Table for the site, as follows.*

**Lymph Nodes Size Table**

<table>
<thead>
<tr>
<th>CS Lymph Nodes Range from</th>
<th>ESFP 100-500</th>
<th>ESFP 501-650</th>
<th>ESFP 651-700</th>
<th>ESFP 701-800</th>
<th>ESFP 801-900</th>
<th>ESFP 901-1000</th>
<th>ESFP 1001-1500</th>
<th>ESFP 1501-2000</th>
<th>ESFP 2001-2500</th>
<th>ESFP 2501-3000</th>
<th>ESFP 3001-3500</th>
<th>ESFP 3501-4000</th>
<th>ESFP 4001-7000</th>
<th>ESFP 7001-10000</th>
<th>ESFP 10001-15000</th>
<th>ESFP 15001-20000</th>
<th>ESFP 20001-25000</th>
<th>ESFP 25001-30000</th>
</tr>
</thead>
</table>

**Source:**
http://web.facs.org/cstage/oropharynx/Oropharynxxtratable_xpc.html
CS Lymph Nodes
Nasopharynx

CS Lymph Nodes = 20
CS SSF1 = 994

Source:
http://web.facs.org/cstage/nasopharynx/Nasopharynxextratable_xcp.html

CS Lymph Nodes
Hypopharynx

CS Lymph Nodes = 42
CS SSF1 = 992
### Lymph Nodes Size Table

*Note: For CS Lymph Node codes 15, 12, 29, 23, 20, 42, 44, 46, and 48 only, the staging is determined by the size of involved nodes as stated in the Size of Lymph Nodes Table (see Site-Specific Factor Table shown in the Lymph Nodes Size Table for the site, as shown below.)*

<table>
<thead>
<tr>
<th>CS Lymph Node Code</th>
<th>Code</th>
<th>Description</th>
<th>Staging Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>Clinical only</td>
<td>c</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Invasive techniques</td>
<td>c</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>Autopsy (known or suspected diagnosis)</td>
<td>p</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>Pathology</td>
<td>p</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>Pre-operative treatment; clinical evidence</td>
<td>c</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>Pre-operative treatment; pathological evidence</td>
<td>a</td>
</tr>
<tr>
<td>6</td>
<td>8</td>
<td>Autopsy (tumor unsuspected)</td>
<td>a</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>Unknown</td>
<td>c</td>
</tr>
</tbody>
</table>

### CS Reg Nodes Eval

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Staging Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Not applicable for this site</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Pharynx, NOS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Staging Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Not applicable for this site</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Regional Nodes Positive

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

### Regional Nodes Examined

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

### CS Mets at Dx

**All 5 Pharynx Schemas**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
</tbody>
</table>
| 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                                                                     |
**CS Mets at Dx**

**Oropharynx**

CS Mets at Dx = 40

---

**CS Mets Eval**

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

---

**CS Mets Eval**

**Pharynx, NOS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Staging Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Not applicable for this site</td>
<td>NA</td>
</tr>
</tbody>
</table>
CS SSF1 Size of Lymph Nodes
All Pharynx Schemas

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No involved regional nodes</td>
</tr>
<tr>
<td>001-988</td>
<td>Exact size in millimeters (mm)</td>
</tr>
<tr>
<td>989</td>
<td>989 mm or larger</td>
</tr>
<tr>
<td>990</td>
<td>Microscopic focus or foci only; no size of focus given</td>
</tr>
<tr>
<td>991</td>
<td>Less than 1 cm</td>
</tr>
<tr>
<td>992</td>
<td>Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm</td>
</tr>
<tr>
<td>993</td>
<td>Less than 3 cm OR greater than 2 cm OR between 2 cm and 3 cm</td>
</tr>
<tr>
<td>994</td>
<td>Less than 4 cm OR greater than 3 cm OR between 3 cm and 4 cm</td>
</tr>
<tr>
<td>995</td>
<td>Less than 5 cm OR greater than 4 cm OR between 4 cm and 5 cm</td>
</tr>
<tr>
<td>996</td>
<td>Less than 6 cm OR greater than 5 cm OR between 5 cm and 6 cm</td>
</tr>
<tr>
<td>997</td>
<td>Described as more than 6 cm</td>
</tr>
<tr>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

CS SSF2 Extracapsular Extension, Lymph Nodes for All Pharynx Schemas

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No extracapsular extension</td>
</tr>
<tr>
<td>001</td>
<td>Extracapsular extension clinically, not assessed pathologically Nodes described as ‘fixed’, not assessed pathologically</td>
</tr>
<tr>
<td>005</td>
<td>Extracapsular extension present pathologically</td>
</tr>
<tr>
<td>888</td>
<td>Not applicable; no lymph node involvement</td>
</tr>
<tr>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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
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’

Questions?

Treatment
**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.

**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).

- 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
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

Hypopharynx

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

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
Hypopharynx

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

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.

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.
Source

- National Comprehensive Cancer Network (NCCN), *NCCN Clinical Practice Guidelines in Oncology™, Head and Neck Cancers, v.2.2008*

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
- Pyriform 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)

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
Surgery

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

- 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

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

Chemotherapy

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

Questions?
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; 217-698-0800 X9
  - Jim Hofferkamp – jhofferkamp@naaccr.org; 217-698-0800 X5