

Thyroid and Adrenal Gland

NAACCR 2011-2012 Webinar Series
12/1/11



Q&A

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

Reminder:

- If you have participants watching this webinar at your site, please collect their names and emails.
 - We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

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Fabulous Prizes




3




Agenda

- Coding moment
 - Submitting questions to the standard setters
- Thyroid
 - Overview
 - Collaborative Stage Data Collection System (CS)
 - Quiz
 - Exercise
- Adrenal Gland
 - Overview
 - CS
 - Quiz
 - Exercise




Coding Moment

SUBMITTING QUESTIONS TO STANDARD SETTERS



Who do I submit questions to?

- That depends on the question!



Questions for SEER

- Questions concerning the following topics should go to Ask a SEER Registrar
<http://seer.cancer.gov/registrars/contact.html>
 - Multiple primary rules
 - ICD-0-3
 - ICD-10



Question for CAnswer Forum

- Questions concerning the following topics should go to the CAnswer Forum
<http://cancerbulletin.facs.org/forums/content.php>
 - AJCC TNM Staging
 - Collaborative Stage



Submitting Questions to SEER

1. Search the SEER Inquiry System
 - <http://seer.cancer.gov/seer inquiry/index.php?page=search>
2. If you don't find an answer to your question, submit your question to Ask A SEER Registrar
 - <http://seer.cancer.gov/registrars/contact.html>



Submitting Questions to the CAnswer Forum

- To search or submit questions on the CAnswer Forum go to
- <http://cancerbulletin.facs.org/forums/content.php>





ANSWER FORUM
 Commission on Cancer

Home Forum About What's New?

New Posts Private Messages Help Calendar Community Forum Actions Quick Links

Welcome, jbofferkamp Notifications

AJCC now on YouTube click here to check it out now! To read more click on AJCC T1M Staging in the Resource section on the Answer Forum

Please note that questions about Multiple Primary and Histology Rules, the Hematopoietic Database and Rules and ECO-O should be directed to the Ask...

Save the date! Survey Savvy will be held in Chicago, March 8th and 9th 2012

Welcome to the Answer Forum

This is an interactive virtual Bulletin Board for Commission on Cancer constituents to ask questions, search topics, and connect with the latest CoC activities. The bulletin board is designed as an open forum for networking, and discussion of American Committee on Cancer T1M Staging, Cancer Program Standards, Collaborative Stage, Faculty Oncology Registry Data Standards (FORDS), National Cancer Data Base (NCDB).

Please review the instruction document on how to register and navigating the Answer Forum it can be found here.

Category	Last Post	Threads	Posts
AJCC T1M Staging (9 Viewing)	ITC 31 19 by GPRIS 11-21-11, 6	282	786

AJCC T1M Staging (9 Viewing)
This is the forum for the AJCC Staging questions.

Cancer Program Standards (2 Viewing)
This is the forum for the Cancer Program Standards questions.

New 2012 Cancer Program Standards (22 Viewing)
This is the forum for the New Standard questions.

Program Seeking Initial CoC Accreditation (7 Viewing)
This is the forum for the Program Seeking Initial CoC Accreditation questions.

Collaborative Stage (2 Viewing)
This is the forum for the Collaborative Stage questions.

National Cancer Data Base/FORDS (51 Viewing)
This is the forum for the National Cancer Data Base questions.

CoC Webinars (1 Viewing)
RQRS April 2011

Lower GI Disease Site
Sub-Forums: Appendicitis, Carcinoid Appendix, GIST Appendix, Colon, GIST Colon, NET Colon, Rectum, GIST Rectum, NET Rectum, Anus

Biliary Tract
Biliary Tract Disease Site
Sub-Forums: Liver, Bile Ducts Intrahepatic, Gallbladder, Bile Ducts Perihilar, Cystic Duct, Bile Ducts Distal, Ampull Vater, NET Ampulla, Biliary Other

Pancreas and Other Digestive
Pancreas and Other Digestive Disease Site
Sub-Forums: Pancreas Head, Pancreas Body Tail, Pancreas Other, Digestive Other

Upper Respiratory
Upper Respiratory Disease Site
Sub-Forums: Nasal Cavity, Melanoma Nasal Cavity, Middle Ear, Sinus Maxillary, Melanoma Sinus Maxillary, Sinus Ethmoid, Melanoma Sinus Ethmoid, Sinus Other, Melanoma Sinus Other

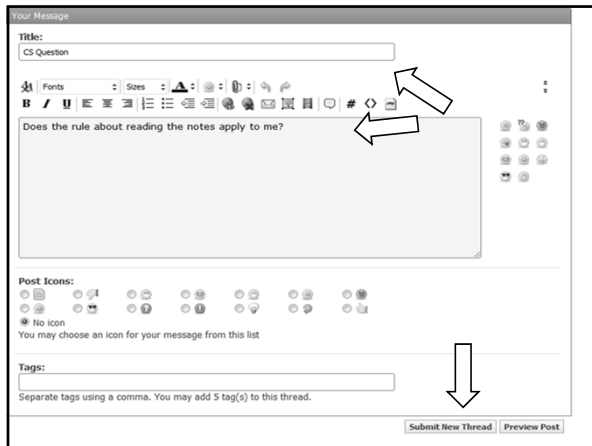
Larynx and Trachea
Larynx and Trachea Disease Site
Sub-Forums: Larynx Glottic, Melanoma Larynx Glottic, Larynx Supraglottic, Melanoma Larynx Supraglottic, Larynx Subglottic, Melanoma Larynx Subglottic, Larynx Other, Melanoma Larynx Other, Trachea, Thyroid

Lung and Other Respiratory
Lung and Other Respiratory Disease Site
Sub-Forums: Lung, Heart/Mediastinum, Pleura, Respiratory Other


Musculoskeletal
Musculoskeletal Disease Site
Sub-Forums: Bone, Soft Tissue, Peritoneum, Retroperitoneum, GIST Peritoneum

Skin
Skin Disease Site
Sub-Forums: Skin Eyelid, Merkel Cell Skin, Melanoma Skin


Breast
Breast Disease Site
Sub-Forums: Breast



QUESTION?



Thyroid
OVERVIEW



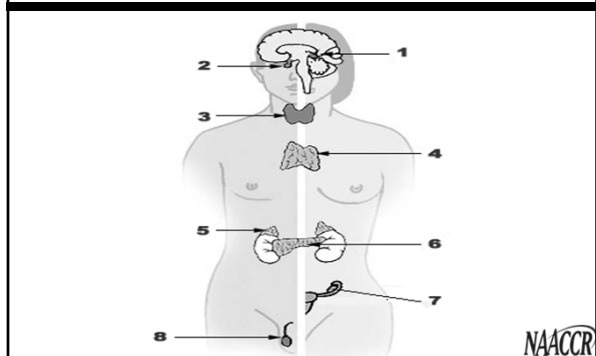
The Numbers

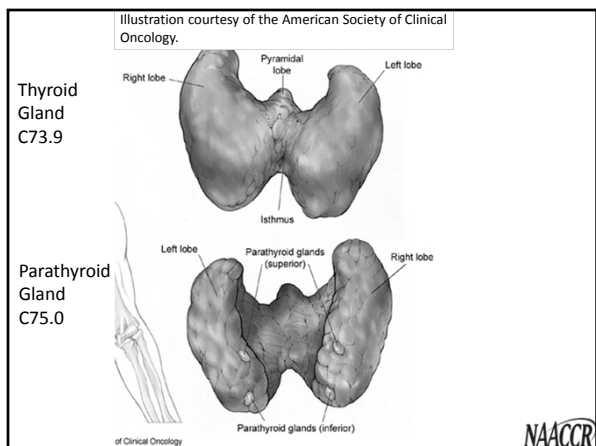
- Estimated new cases and deaths from thyroid cancer in the United States in 2011:
 - New cases: 48,020
 - Deaths: 1,740
- Fifth most frequently occurring malignancy among women
- Fastest increasing cancer in both men and women

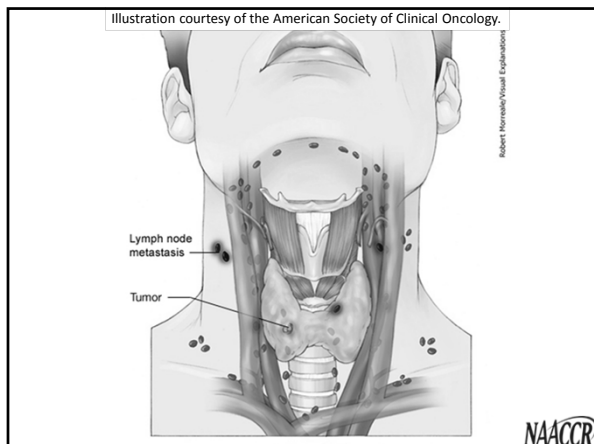
National Cancer Institute



Endocrine Glands







Thyroid Nodules

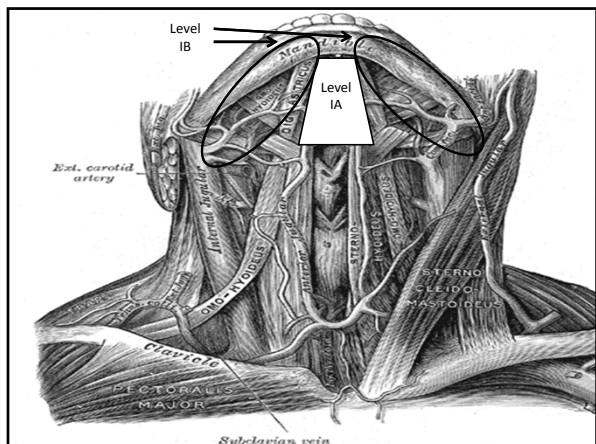
- Hot nodule
 - Absorbs iodine on thyroid scan
- Cold Nodule
 - Does not absorb iodine on thyroid scan

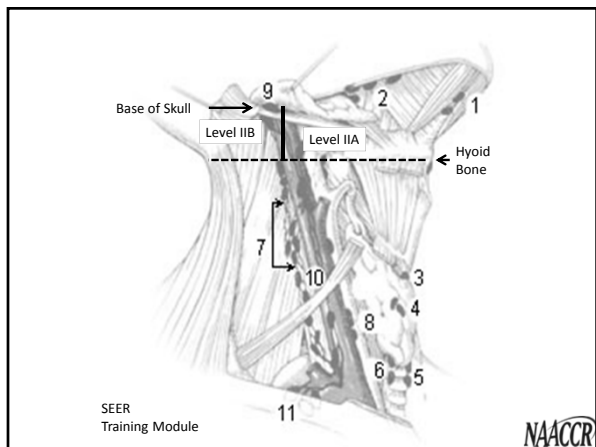
NAACCR

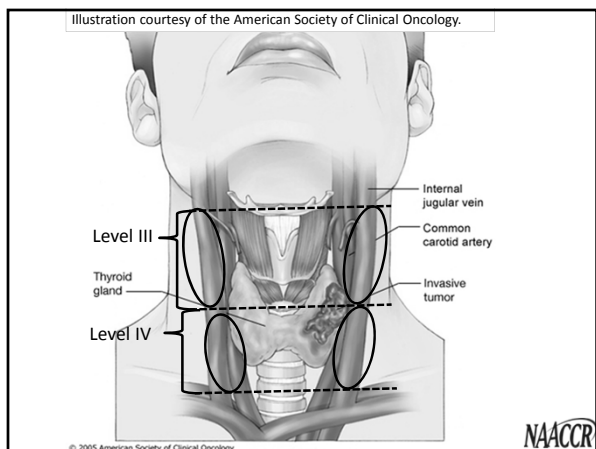
Goiter

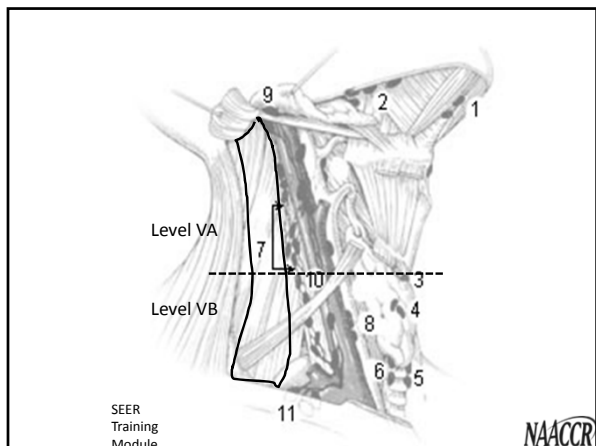
- Goiter
 - An enlarged thyroid gland that may be diffuse or nodular

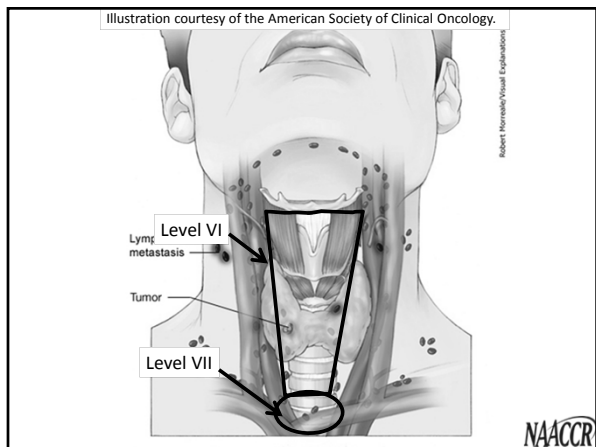
NAACCR

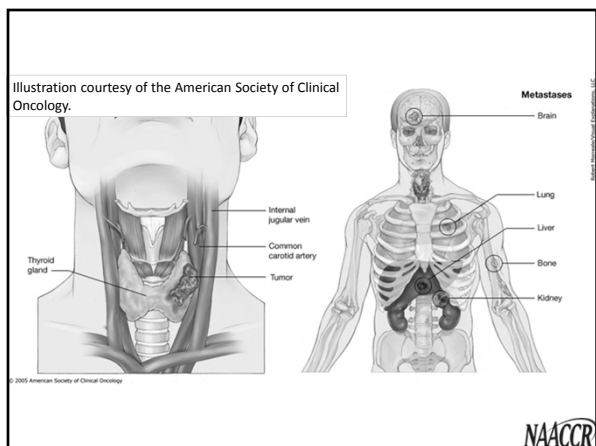












Thyroid Histology

- Follicular cells
 - Thyroid hormone (thyroxine + triiodothyroxine)
- C cells (parafollicular cells)
 - Calcitonin
- Lymphocytes
- Stromal cells

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Thyroid Histology

- Four Major Histologic Types
 - Papillary carcinoma (includes follicular variant of papillary carcinoma)
 - Follicular (includes Hurthle cell carcinoma)
 - Medullary Carcinoma
 - Undifferentiated or anaplastic carcinoma

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MPH Rules-Other

Required Histology	Combined with...	Combination Term	Code
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary follicular carcinoma	8340
Medullary	Papillary	Mixed medullary papillary carcinoma	8347

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Question

- A pathology report shows the right lobe of the thyroid with “papillary microcarcinoma”. Does microcarcinoma describe the size of the tumor or should this be coded to a different histology?

SEER SINQ
20110027



Answer

- For thyroid cancer only, the term micropapillary does not refer to a specific histologic type. It means that the papillary portion of the tumor is minimal or occult.

SEER SINQ
20110027



Question

- How is histology coded for a thyroid tumor described as “predominantly papillary carcinoma, tall cell variant, follicular type”?



Answer

- For cases diagnosed 2007-2011, assign code 8340 [Papillary carcinoma, follicular variant] according to rule H15 for Other Sites.
 - "Predominantly" and "type" indicate specific histologies. "Variant" does not.
 - See rule H13. The histology in this case is papillary and follicular. Tall cell variant is ignored.

SEER SINQ
20091031



Diagnosing Thyroid Cancer

- Physical exam
- Blood tests
 - Check levels of thyroid-stimulating hormone (TSH)
 - Check levels of calcitonin



Diagnosing Thyroid Cancer

- Imaging
 - Ultrasound
 - Radioiodine (thyroid) scan
 - Positron emission tomography (PET) scan
 - Octreotide scan
- Biopsy
 - Fine-needle aspiration
 - Surgical



Treatment for Papillary and Follicular Carcinoma

- Surgery
 - Lobectomy plus isthmusectomy (23)
 - Thyroidectomy (50)
- Radioactive Iodine Treatment (¹³¹ I)
 - Unresectable tumors
 - Post thyroidectomy



Treatment for Papillary and Follicular Carcinoma

- External Beam Radiation
 - May be done with 131 I treatment for locoregional recurrence
 - May be used as adjuvant therapy if tumor does not show uptake of iodine
- Thyroxin suppression of thyroid stimulating hormone (TSH)



Question

- If a patient is taking Synthroid prior to being diagnosed with thyroid cancer and having total thyroidectomy, is Synthroid still coded as hormone therapy 1st course of treatment after cancer directed surgery?



Answer

- Yes, it is still considered 1st course treatment and the date of treatment would be the date of the patient's diagnosis of the thyroid malignancy.



Treatment

- Medullary Carcinoma
 - Total thyroidectomy and bilateral central neck dissection (level VI)
- Anaplastic Carcinoma
 - Surgery if localized



Thyroid

**COLLABORATIVE STAGE DATA
COLLECTION SYSTEM V02.03**



CS Tumor Size: Thyroid

- Assignment of T1 and T2 categories is based on tumor size
- Physician's assignment of T category may be used to code CS Tumor Size if no other information is available
 - Code 991
 - Stated as T1a with no other information on size
 - Code 992
 - Stated as T1b or T1 NOS with no other information on size
 - Code 994
 - Stated as T2 with no other information on size



CS Extension: Thyroid

- All anaplastic thyroid carcinomas are considered T4 by AJCC
 - Intrathyroidal: T4a
 - Gross extrathyroid extension: T4b



CS Extension: Thyroid

- Anaplastic thyroid carcinoma
 - If CS Extension = 000, 100 - 550, 950, or 999
 - Histology = 8020, 8021, 8030, 8031, or 8032 OR
 - Grade = 4
 - Then T category is based on value of CS Extension as shown in Histology Grade Extension AJCC Table

CS Extension	TNM Map
000 (In situ)	T4NOS
200 (Multiple foci thyroid)	T4a
405 (Stated as T1a)	ERROR
450 (Extension to strap muscle)	T4b



CS Extension: Thyroid

- In situ code (000) maps to unknown AJCC stage and in situ summary stage
- Assignment of T1 and T2 categories is based on tumor size
- Physician's assignment of T category may be used to code CS Extension if no other information is available
 - Use codes 405, 410, 415, 420, 490, 560, 810, or 815 to code CS Extension based on a statement of T with no other extension information available

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CS Extension: Thyroid

- Assign code 300, localized NOS, only if info is not available to assign codes 100, 200, 400, 405, 410, 415, 420, or 490
- CS Extension codes 405, 410, 415, 420, and 490 are not compatible with anaplastic carcinoma of the thyroid

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CS Extension: Thyroid

- Extension or invasion into tumor capsule
 - Measure of tumor aggressiveness but tumor is still confined to thyroid
 - Do not use code 400 (into thyroid capsule but not beyond)
- Extension or invasion into thyroid capsule
 - Indicates extrathyroidal extension
 - Assign code that describes the type of extrathyroidal extension

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Pop Quiz: CS Tumor Size; CS Extension

- Final diagnosis: Multifocal papillary follicular carcinoma confined to right thyroid; pT1a
- What is the code for CS Tumor Size?
 - 991: Stated as T1a with no other info on size
 - 999: Unknown
- What is the code for CS Extension?
 - 200: Multiple foci confined to thyroid
 - 405: Stated as T1a with no other info on extension



Pop Quiz: CS Tumor Size; CS Extension

- Right lobectomy, thyroid
 - Tumor size: 1.7 x 1.2 cm
 - Tumor focality: Single tumor
 - Histologic type: Papillary carcinoma, predominantly follicular subtype
 - Margins: Negative; closest 2 mm
 - Tumor capsular invasion: Focally present
 - Lymphatic invasion: None
 - Extrathyroidal extension: None
 - Tumor location: Center of right lobe
 - Lymph nodes: None identified
 - Stage I; pT1b cN0 cM0



Pop Quiz: CS Tumor Size; CS Extension

- What is the code for CS Tumor Size?
 - 017
 - 992: Stated as T1b or T1 NOS with no other info on size
- What is the code for CS Extension?
 - 100: Single tumor confined to thyroid
 - 400: Into thyroid capsule, but not beyond
 - 410: Stated as T1b with no other info on extension



CS Lymph Nodes: Thyroid

- Includes lymph nodes defined as Levels I-VI and Other by AJCC
 - All node levels are regional for AJCC
 - Nodes are divided into regional and distant for summary stage
- Involvement includes ipsilateral, bilateral, contralateral, and midline nodes

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CS Lymph Nodes: Thyroid

- Prognostic influence of nodal involvement
 - Less in patients with well differentiated tumors (papillary, follicular)
 - Some observed adverse prognosis in older age group
 - Ominous prognosis for patients with medullary carcinoma

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CS Lymph Nodes: Thyroid

- Progression of lymph node involvement
 - Code 120: Level VI – anterior compartment
 - Code 135: Levels II – upper jugular; III – middle jugular; IV – lower jugular; V – posterior triangle; VA – spinal accessory; parapharyngeal; retroauricular; retropharyngeal; and suboccipital
 - Code 155: Level VB – transverse cervical
 - Code 158: Level VII – superior mediastinal
 - Code 160: Levels IA – submental; IB – submandibular; facial; and parotid

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CS Mets at DX: Thyroid

- Involvement of submental or submandibular nodes is coded in CS Lymph Nodes
- Distant metastasis occurs by hematogenous spread
 - Most commonly to lungs and bones




Pop Quiz: CS Lymph Nodes; CS Mets at DX

- FNA of nodule in right lobe of thyroid: well differentiated Hurthle cell carcinoma
- CT scan of neck: Malignant adenopathy to nodes including right anterior compartment nodes, right and left retropharyngeal nodes, and right submandibular nodes
- CT scan of chest: 3 metastatic nodules in the upper lobe of the right lung



Pop Quiz: CS Lymph Nodes; CS Mets at DX

- What is the code for CS Lymph Nodes?
 - 120: Level VI nodes (anterior compartment group)
 - 135: Retropharyngeal nodes
 - 160: Level IB (submandibular nodes)
- What is the code for CS Mets at DX?
 - 12: Distant lymph nodes
 - 40: Distant metastasis except distant lymph nodes
 - 51: Distant metastasis plus distant lymph nodes



SSF1: Solitary vs. Multifocal Tumor

- Code 000
 - No evidence of primary tumor
- Code 010
 - Solitary tumor
 - Physician assigns 's' suffix or descriptor to T category
 - Tumor described as solitary, single, a single focus, or unifocal
- Code 020
 - Multifocal tumor
 - Physician assigns 'm' suffix or descriptor to T category
 - Tumor described as multifocal or multicentric, or as having multiple foci



Pop Quiz: SSF1

- Thyroidectomy: Multiple foci of follicular carcinoma of right lobe; no nodules in left lobe
- What is the code for SSF1?
 - 000: No evidence of primary tumor
 - 010: Solitary tumor
 - 020: Multifocal tumor



Standard Setters SSF Requirements CS v02.03: Thyroid

- SSF1: Solitary vs. Multifocal Tumor
 - CoC, SEER, Canadian Council of Cancer Registries
 - Required
 - NPCR
 - Not required



QUIZ

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Adrenal Gland

OVERVIEW

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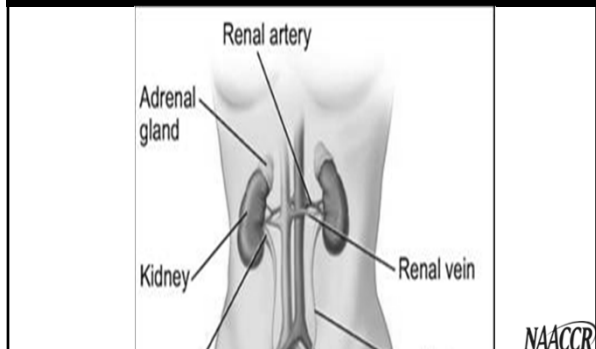
The Numbers

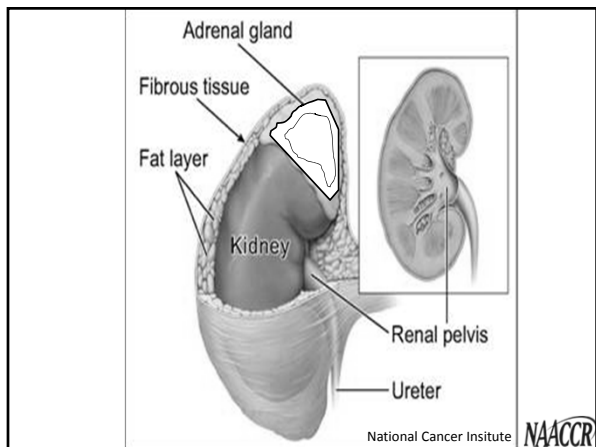
- Adrenal gland primaries are rare
 - Adrenocortical carcinoma affects 1 to 2 persons per million population.
 - Median age at diagnosis is 44 years.

National Institute on Health
www.cancer.gov

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Overview





Adrenal Gland

- Regional lymph nodes
 - Aortic (para and peri aortic)
 - Retroperitoneal, NOS
- Common metastatic sites
 - Liver
 - Lung
 - Retroperitoneum



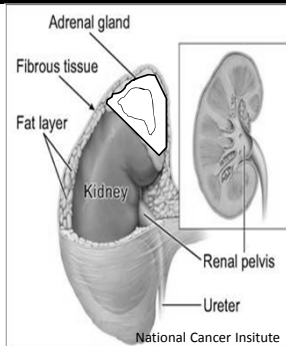
Adrenal Tumors

- Adrenal adenoma (8140/0)
 - Typically asymptomatic
 - May be referred to as “incidentalomas” if found incidentally on imaging
 - Tumors larger than 5-6 cm are most likely malignant
- Metastasis
 - Most common malignant tumors found in the adrenal gland are metastasis from other primaries
 - Lung
 - Melanoma
 - Breast



Primary Adrenal Malignancies

- Adrenocortical carcinoma (8370/3)
 - Functioning tumors excrete excess steroid hormones
 - Non-functioning tumors do not excrete steroid hormones



Adrenocortical Carcinoma

- Adrenocortical carcinoma can be classified as follows:
 - Differentiated: Functioning tumors are usually differentiated
 - Anaplastic: Production of hormones by anaplastic tumors is rare
 - Hormonal: Approximately 60% of adrenocortical carcinomas produce hormones



Adrenocortical Carcinoma

- Treatment
 - Surgery
 - Excisional biopsy
 - Radical Nephrectomy
 - Lymph node dissection
 - Chemotherapy
 - Mitotane
 - External Beam Radiation
 - For patients with localized disease that are not surgical candidates



Medullary Primaries

- Malignant Pheochromocytoma (8700/3)
 - Can release high levels of epinephrine
 - Symptoms may include
 - Headache
 - Sweating
 - Palpitations
 - Surgery is treatment of choice
 - Radiation and chemotherapy
 - If disease is advanced or patient is not surgical candidate




Neuroblastoma

- Neuroblastoma (9500/3)
 - Arises from nerve tissue of adrenal glands
 - Common pediatric cancer
 - Usually in children under 5 years
 - Often metastasis present at the time of diagnosis
 - Treatment
 - Surgery
 - Radiation
 - Chemotherapy
 - BRM
 - Targeted therapy




Adrenal Gland

**COLLABORATIVE STAGE DATA
COLLECTION SYSTEM V02.03**



CS Tumor Size: Adrenal Gland


- Assignment of T1 and T2 categories is based on tumor size
- Physician’s assignment of T category may be used to code CS Tumor Size if no other information is available
 - Code 995
 - Stated as T1 with no other information on tumor size
 - Code 996
 - Stated as T2 with no other information on tumor size



CS Extension: Adrenal Gland

- In situ code (000) maps to unknown AJCC stage and in situ summary stage
- Assignment of T1 and T2 categories is based on tumor size
 - CS Extension code = 100-300
 - T category is based on value of CS Tumor Size as shown in Extension Size Table

CS Ext	CS TS 000	CS TS 001-050	CS TS 051-989	CS TS 990-991	CS TS 992-994	CS TS 995	CS TS 996	CS TS 997-998	CS TS 999
100	Error	T1	T2	T1	T1	T1	T2	Error	TX

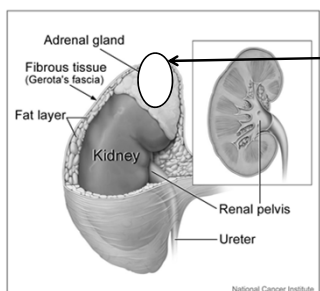


CS Extension: Adrenal Gland

- Physician's assignment of T category may be used to code CS Extension if no other information is available
 - Use codes 200, 250, 400, or 810 to code CS Extension based on a statement of T with no other extension information available
- Assign code 300, localized NOS, only if info is not available to assign codes 100, 200, or 250



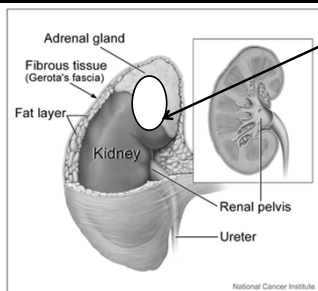
CS Extension: Adrenal Gland



- Code 400
- Adjacent connective tissue
 - Gerota's fascia



CS Extension: Adrenal Gland



- Code 605
- Adjacent organs/structures:
 - Kidney
 - Retroperitoneal structures including:
 - Great vessels: aorta; inferior vena cava



Pop Quiz: CS Tumor Size; CS Extension

- Final diagnosis: Adrenal cortical adenocarcinoma, 4.8 cm, confined to adrenal gland; pT1
- What is the code for CS Tumor Size?
 - 048: 4.8 cm (48 mm)
 - 995: Stated as T1 with no other info on size
- What is the code for CS Extension?
 - 100: Invasive carcinoma confined to adrenal gland
 - 200: Stated as T1 with no other info on extension



CS Lymph Nodes: Adrenal Gland

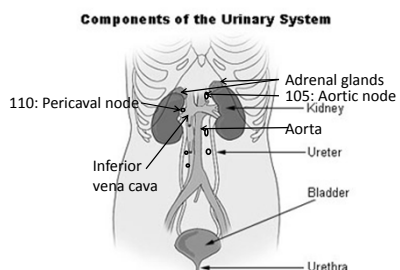


Image source: SEER Training Website



CS Mets at DX: Adrenal Gland

- Standard table for CS Mets at DX is used
- Common metastatic sites include liver, lung, and retroperitoneum



SSF2: Tumor Weight

Code	Description
000	No mass/tumor found
001-979	1-979 grams (exact tumor weight including gland)
980	980 grams or greater
988	Not applicable
998	No surgical resection of primary site
999	Unknown

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Pop Quiz: SSF2

- Adrenalectomy: Adrenal gland with small focus of adrenal cortical carcinoma; weight is 45.2 grams
- What is the code for SSF2?
 - 045
 - 452
 - 999


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SSF3: Vascular Invasion

Code	Description
000	Vascular invasion not present/not identified
010	Invasion of adrenal vein only
020	Invasion of renal vein only
030	Invasion of inferior vena cava (IVC) only
040	Invasion of renal vein (020) + adrenal vein (010)
050	Invasion of IVC (030) + adrenal vein (010)
060	Invasion of IVC (030) + renal vein (020)
070	Invasion of IVC (030) + renal vein (020) + adrenal vein (010)
988	Not applicable
991	Large vessel venous invasion, vein not specified
998	No surgical resection of primary site
999	Unknown

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Questions?

100 

Coming up!

- **1/5/12**
Collecting Cancer Data: Pancreas
- **2/2/12**
– Collecting Cancer Data: Lung

And the winners of the fabulous prizes are....

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Thank You!

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