

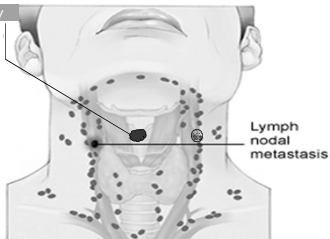
MUCOSAL MELANOMA OF THE HEAD AND NECK

- Occur in mucosal sites of the head and neck
- Two thirds occur in nasal cavity and paranasal sinuses
- One quarter occur in oral cavity
- Remainder occur in other sites of the head and neck
- Highly Aggressive
 - Cancers limited to the mucosa are assigned T3 N0 M0 Stage III
 - In situ mucosal melanoma's very rare and are excluded from staging

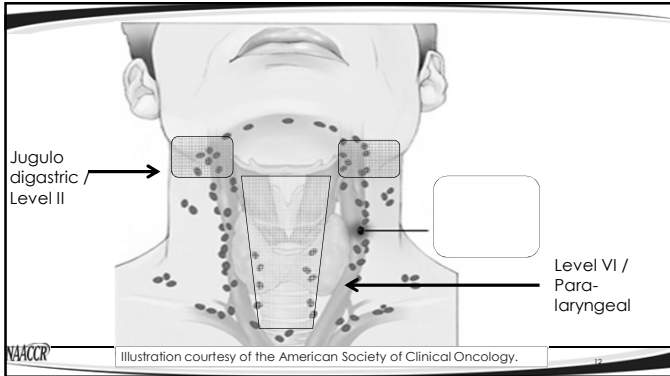
NAACCR AICC Staging Manual 7th edition

REGIONAL LYMPH NODES TERMINOLOGY

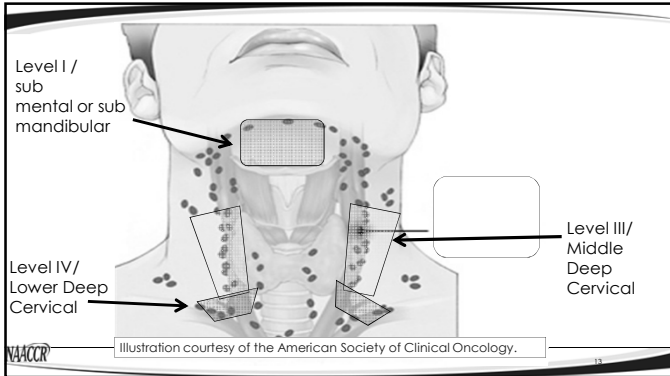
- Ipsilateral
 - Same side as tumor
- Contralateral
 - Opposite side as the tumor
- Bilateral
 - Same side and opposite side

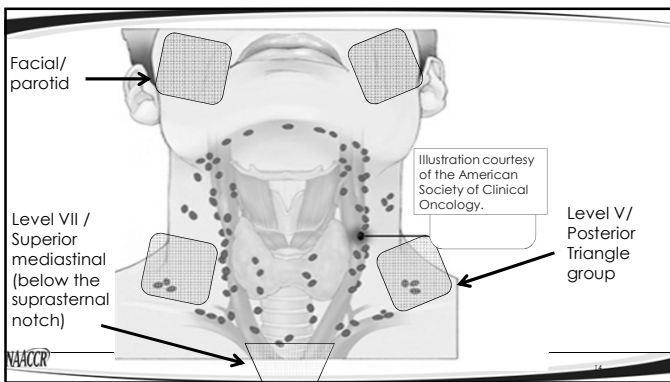


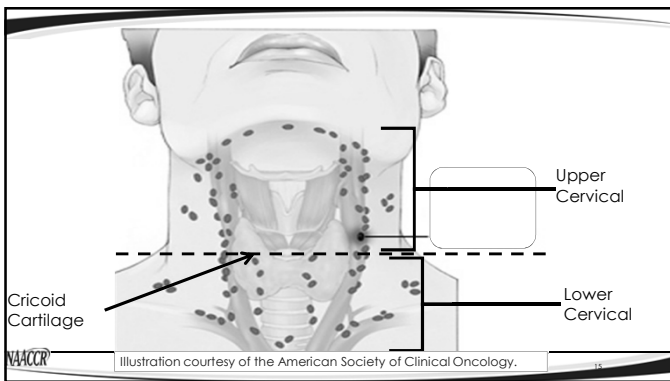
NAACCR Illustration courtesy of the American Society of Clinical Oncology.

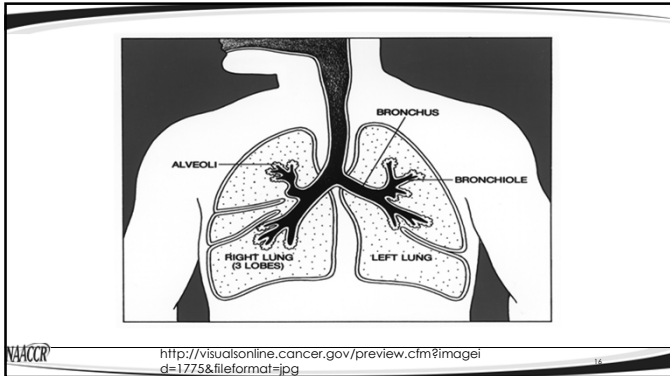


NAACCR Illustration courtesy of the American Society of Clinical Oncology.

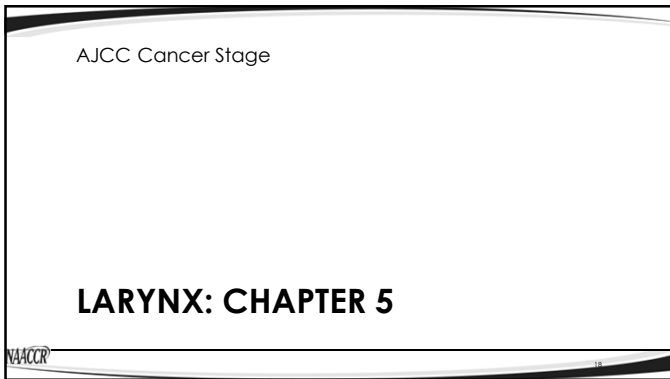












AJCC CANCER STAGE: LARYNX

- ICD-O-3 Topography Codes
 - C10.1 Anterior (lingual) surface of epiglottis
 - C32.0 Glottis
 - C32.1 Supraglottis (laryngeal surface)
 - C32.2 Subglottis
 - C32.8 Overlapping lesion of larynx
 - C32.9 Larynx NOS
- ICD-O-3 Histology Code Ranges
 - 8000-8576, 8940-8950, 8980-8981

NAACCR

AJCC CANCER STAGE: LARYNX CLASSIFICATION

- Clinical staging
 - Evidence prior to treatment
 - Nasolaryngoscopy
 - Laryngeal tumor biopsy
 - Radiologic nodal staging to supplement clinical exam
 - Microlaryngoscopy

NAACCR

AJCC CANCER STAGE: LARYNX CLASSIFICATION

- Pathologic staging
 - Evidence obtained in clinical staging and in histologic study of surgically resected specimen
 - Lymphadenectomy description describes size, number, and position of involved nodes and presence or absence of extracapsular spread (ECS)

NAACCR

AJCC CANCER STAGE: LARYNX

- T Category
 - TX: Primary tumor cannot be assessed
 - T0: No evidence of primary tumor
 - Tis: Carcinoma in situ

NAACCR

AJCC CANCER STAGE: LARYNX

- T Category *Supraglottis*
 - T1: Limited to 1 subsite of supraglottis with normal vocal cord mobility
 - T2: Invades mucosa of more than 1 adjacent subsite of supraglottis or glottis or region outside the supraglottis without fixation of larynx

NAACCR

AJCC CANCER STAGE: LARYNX

- T Category *Supraglottis*
 - T3: Limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, preepiglottic space, paraglottic space, and/or inner cortex of thyroid cartilage
 - T4a: Moderately advanced local disease. Invades through the thyroid cartilage and/or invades tissues beyond the larynx
 - T4b: Very advanced local disease. Invades prevertebral space, encases carotid artery, or invades mediastinal structures

NAACCR

AJCC CANCER STAGE: LARYNX

- T Category *Glottis*
 - T1: Limited to vocal cords with normal mobility
 - T1a: Limited to 1 vocal cord
 - T1b: Involves both vocal cords
 - T2: Extends to supraglottis and/or subglottis, and/or with impaired vocal cord mobility

NAACCR

AJCC CANCER STAGE: LARYNX

- T Category *Glottis*
 - T3: Limited to larynx with vocal cord fixation and/or invasion of paraglottic space, and/or inner cortex of thyroid cartilage
 - T4a: Moderately advanced local disease. Invades through outer cortex of thyroid cartilage and/or invades tissues beyond the larynx
 - T4b: Very advanced local disease. Invades prevertebral space, encases carotid artery, or invades mediastinal structures

NAACCR

AJCC CANCER STAGE: LARYNX

- T Category *Subglottis*
 - T1: Limited to 1 subglottis
 - T2: Extends to vocal cord(s) with normal or impaired mobility
 - T3: Limited to larynx with vocal cord fixation

NAACCR

AJCC CANCER STAGE: LARYNX

- T Category *Subglottis*
- T4a: Moderately advanced local disease. Invades through cricoid or thyroid cartilage and/or invades tissues beyond the larynx
- T4b: Very advanced local disease. Invades prevertebral space, encases carotid artery, or invades mediastinal structures

NAACCR

AJCC CANCER STAGE: LARYNX

- N Category:
- NX: Regional lymph nodes cannot be assessed
- N0: No regional lymph node metastasis
- N1: Metastasis in single ipsilateral lymph node, 3 cm or less in greatest dimension
- N2: Metastasis in single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in dimension

NAACCR

AJCC CANCER STAGE: LARYNX

- N Category:
- N2a: Metastasis in single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension
- N2b: Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension
- N2c: Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in dimension
- N3: Metastasis in a lymph node, more than 6 cm in greatest dimension

NAACCR

AJCC CANCER STAGE: LARYNX

- M Category
 - M0: No distant metastasis
 - M1: Distant metastasis

NAACCR

AJCC CANCER STAGE: LARYNX

Group	T	N	M
Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
	T1	N1	M0
	T2	N1	M0
	T3	N1	M0

NAACCR

AJCC CANCER STAGE: LARYNX

Group	T	N	M
Stage IVA	T4a	N0	M0
	T4a	N1	M0
	T1	N2	M0
	T2	N2	M0
	T3	N2	M0
	T4a	N2	M0
Stage IVB	T4b	Any N	M0
	Any T	N3	M0
Stage IVC	Any T	Any N	M1

NAACCR

POP QUIZ

- 1/8/15 Nasolaryngoscopy with biopsy: Small tumor of left vocal cord, confined to vocal cord, squamous cell carcinoma
- 1/14/15 CT of neck and chest: No lymphadenopathy; lungs within normal limits
- 1/28/15 Hemilaryngectomy: Squamous cell carcinoma in situ, right vocal cord; squamous cell carcinoma, left vocal cord

NAACCR

POP QUIZ

- What is the AJCC clinical stage?
 - cT1a cN0 cM0 Stage I
- What is the AJCC pathologic stage?
 - pT1b pN_ pM_ Stage 99

NAACCR

Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

**LARYNX: GLOTTIS
 C32.0**

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 0 In situ
 - Noninvasive; intraepithelial
- 1 Localized only
 - Confined to glottis
 - Intrinsic larynx
 - Laryngeal commissure(s): Anterior; posterior
 - Vocal cord(s): True cord(s), true vocal cord(s)
 - Invasive tumor WITH or WITHOUT normal vocal cord mobility
 - One vocal cord; both vocal cords

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 1 Localized only
 - Tumor involves adjacent region(s) of larynx
 - Subglottis; supraglottis [false vocal cord(s)]
 - Tumor limited to larynx WITH vocal cord fixation
 - Involvement of intrinsic muscle(s)
 - Aryepiglottic
 - Corniculate tubercle; cuneiform tubercle
 - Arytenoid; cricoarytenoid; cricothyroid; thyroarytenoid; thyroepiglottic; vocalis
 - Localized NOS

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 2 Regional by direct extension only
 - Extension to:
 - Base of tongue
 - Hypopharynx NOS
 - Postcricoid area
 - Pre-epiglottic tissues
 - Pyriform sinus (pyriform fossa)
 - Vallecula

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 3 Regional lymph node(s) involved only
 - Anterior deep cervical (laterotracheal) (recurrent laryngeal)
 - Paralaryngeal
 - Paratracheal
 - Prelaryngeal: Delphian node
 - Pretracheal
 - Cervical NOS

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 3 Regional lymph node(s) involved only
 - Internal jugular, NOS:
 - Deep cervical, NOS:
 - Lower NOS
 - Jugulo-omohyoid (supraomohyoid)
 - Middle
 - Upper NOS
 - Jugulodigastric (subdigastric)

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 3 Regional lymph node(s) involved only
 - Mandibular NOS
 - Submandibular (submaxillary)
 - Submental
 - Retropharyngeal
 - Regional lymph node(s) NOS

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes 2 + 3
- 5 Regional NOS

NAACCR

SUMMARY STAGE 2000: GLOTTIS

- 7 Distant site(s)/lymph node(s) involved
 - Distant lymph node(s)
 - Mediastinal
 - Supraclavicular (transverse cervical)
 - Other distant lymph node(s)

NAACCR


SUMMARY STAGE 2000: GLOTTIS

- 7 Distant site(s)/lymph node(s) involved
 - Extension to/through
 - Cervical (upper) esophagus; cricoid cartilage; extrinsic (strap) muscles (omohyoid, sternohyoid, sternothyroid, thyrohyoid); oropharynx; skin; soft tissues of neck; thyroid cartilage; thyroid gland; trachea
 - Further contiguous extension
 - Metastasis
- 9 Unknown if extension or metastasis

NAACCR


Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

**LARYNX: SUPRAGLOTTIS
 C32.1**




SUMMARY STAGE 2000: SUPRAGLOTTIS

- 0 In situ
 - Noninvasive; intraepithelial
- 1 Localized only
 - Invasive tumor with normal vocal cord mobility confined to
 - Supraglottis (1 subsite): Aryepiglottic fold; arytenoid cartilage; corniculate cartilage; cuneiform cartilage; epilarynx NOS; false cord(s); ventricular band(s), ventricular cavity, vestibular fold; infrahyoid epiglottis; laryngeal cartilage NOS; laryngeal (posterior) surface of epiglottis; suphyoid epiglottis; (including tip, lingual (anterior) and laryngeal surfaces)



SUMMARY STAGE 2000: SUPRAGLOTTIS

- 1 Localized only
 - Impaired vocal cord mobility
 - Tumor involves adjacent region(s) of larynx
 - Tumor involves more than one subsite of supraglottis WITHOUT fixation or NOS
 - Tumor limited to larynx WITH vocal cord fixation
 - Localized NOS



SUMMARY STAGE 2000: SUPRAGLOTTIS

- 2 Regional by direct extension only
 - Extension to
 - Base of tongue including mucosa
 - Cricoid cartilage
 - Hypopharynx NOS
 - Postcricoid area
 - Pre-epiglottic tissues
 - Pyriform sinus (pyriform fossa)
 - Vallecula

NAACCR

SUMMARY STAGE 2000: SUPRAGLOTTIS

- 3 Regional lymph node(s) involved only
 - Anterior deep cervical (laterotracheal) (recurrent laryngeal)
 - Paralaryngeal
 - Paratracheal
 - Prelaryngeal: Delphian node
 - Pretracheal
 - Cervical NOS

NAACCR

SUMMARY STAGE 2000: SUPRAGLOTTIS

- 3 Regional lymph node(s) involved only
 - Internal jugular, NOS:
 - Deep cervical, NOS:
 - Middle
 - Upper NOS
 - Jugulodigastric (subdigastric)

NAACCR

SUMMARY STAGE 2000: SUPRAGLOTTIS

- 3 Regional lymph node(s) involved only
 - Mandibular NOS
 - Submandibular (submaxillary)
 - Submental
 - Retropharyngeal
 - Regional lymph node(s) NOS

NAACCR

SUMMARY STAGE 2000: SUPRAGLOTTIS

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes 2 + 3
- 5 Regional NOS

NAACCR

SUMMARY STAGE 2000: SUPRAGLOTTIS

- 7 Distant site(s)/lymph node(s) involved
 - Distant lymph node(s)
 - Mediastinal
 - Supraclavicular (transverse cervical)
 - Other distant lymph node(s)

NAACCR

SUMMARY STAGE 2000: SUPRAGLOTTIS

- 7 Distant site(s)/lymph node(s) involved
- Extension to/through
 - Cervical esophagus; extrinsic (strap) muscles (omohyoid, sternohyoid, sternothyroid, thyrohyoid); oropharynx; skin; soft tissues of neck; thyroid cartilage; thyroid gland
- Further contiguous extension
- Metastasis
- 9 Unknown if extension or metastasis

NAACCR

Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

**LARYNX: SUBGLOTTIS
 C32.2**

NAACCR

SUMMARY STAGE 2000: SUBGLOTTIS

- 0 In situ
 - Noninvasive; intraepithelial
- 1 Localized only
 - Invasive tumor with normal vocal cord mobility confined to subglottis
 - Tumor involves adjacent region(s) of larynx
 - Vocal cords with normal or impaired mobility
 - Tumor limited to larynx WITH vocal cord fixation
 - Localized NOS

NAACCR

SUMMARY STAGE 2000: SUBGLOTTIS

- 2 Regional by direct extension only
- Extension to:
 - Base of tongue
 - Hypopharynx NOS
 - Postcricoid area
 - Pre-epiglottic tissues
 - Pyriform sinus (pyriform fossa)
 - Vallecula

NAACCR

SUMMARY STAGE 2000: SUBGLOTTIS

- 3 Regional lymph node(s) involved only
- Anterior deep cervical (laterotracheal) (recurrent laryngeal)
 - Paralaryngeal
 - Paratracheal
 - Prelaryngeal: Delphian node
 - Pretracheal
- Cervical NOS

NAACCR

SUMMARY STAGE 2000: SUBGLOTTIS

- 3 Regional lymph node(s) involved only
- Internal jugular, NOS:
 - Deep cervical, NOS:
 - Lower NOS
 - Jugulo-omohyoid (supraomohyoid)
 - Middle
 - Mandibular NOS
 - Submandibular (submaxillary)
 - Submental
 - Retropharyngeal
- Regional lymph node(s) NOS

NAACCR

SUMMARY STAGE 2000: SUBGLOTTIS

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes 2 + 3
- 5 Regional NOS

NAACCR

SUMMARY STAGE 2000: SUBGLOTTIS

- 7 Distant site(s)/lymph node(s) involved
 - Distant lymph node(s)
 - Mediastinal
 - Supraclavicular (transverse cervical)
 - Other distant lymph node(s)

NAACCR


SUMMARY STAGE 2000: SUBGLOTTIS

- 7 Distant site(s)/lymph node(s) involved
 - Extension to/through
 - Cervical (upper) esophagus; cricoid cartilage; extrinsic (strap) muscles (omohyoid, sternohyoid, sternothyroid, thyrohyoid); oropharynx; skin; soft tissues of neck; thyroid cartilage; thyroid gland; trachea
 - Further contiguous extension
 - Metastasis
- 9 Unknown if extension or metastasis

NAACCR


Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

LARYNX: OVERLAPPING LESION OR NOS
C32.3, C32.8, C32.9




SUMMARY STAGE 2000: LARYNX OTHER

- 0 In situ
 - Noninvasive; intraepithelial
- 1 Localized only
 - Invasive tumor confined to site of origin
 - Impaired vocal cord mobility
 - Tumor involves adjacent region(s) of larynx
 - Tumor limited to larynx WITH vocal cord fixation
 - Localized NOS



SUMMARY STAGE 2000: LARYNX OTHER

- 2 Regional by direct extension only
 - Extension to:
 - Hypopharynx NOS
 - Postcricoid area
 - Pre-epiglottic tissues
 - Pyriform sinus (pyriform fossa)
 - Vallecula



SUMMARY STAGE 2000: LARYNX OTHER

- 3 Regional lymph node(s) involved only
 - Anterior deep cervical (laterotracheal) (recurrent laryngeal)
 - Paralaryngeal
 - Paratracheal
 - Prelaryngeal: Delphian node
 - Pretracheal
 - Cervical NOS

NAACCR

SUMMARY STAGE 2000: LARYNX OTHER

- 3 Regional lymph node(s) involved only
 - Internal jugular, NOS
 - Deep cervical, NOS
 - Lower NOS
 - Jugulo-omohyoid (supraomohyoid)
 - Middle
 - Upper NOS
 - Jugulodigastric (subdigastric)

NAACCR

SUMMARY STAGE 2000: LARYNX OTHER

- 3 Regional lymph node(s) involved only
 - Mandibular NOS
 - Submandibular (submaxillary)
 - Submental
 - Retropharyngeal
 - Regional lymph node(s) NOS

NAACCR

SUMMARY STAGE 2000: LARYNX OTHER

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes 2 + 3
- 5 Regional NOS

NAACCR

SUMMARY STAGE 2000: LARYNX OTHER

- 7 Distant site(s)/lymph node(s) involved
 - Distant lymph node(s)
 - Mediastinal
 - Supraclavicular (transverse cervical)
 - Other distant lymph node(s)

NAACCR

SUMMARY STAGE 2000: LARYNX OTHER

- 7 Distant site(s)/lymph node(s) involved
 - Extension to/through
 - Cervical (upper) esophagus; cricoid cartilage; extrinsic (strap) muscles (omohyoid, sternohyoid, sternothyroid, thyrohyoid); oropharynx; skin; soft tissues of neck; thyroid cartilage; thyroid gland; trachea
 - Further contiguous extension
 - Metastasis
- 9 Unknown if extension or metastasis

NAACCR

POP QUIZ

- Radical laryngectomy and bilateral neck dissection: 2 cm poorly differentiated verrucous carcinoma of epiglottis extends into and through thyroid cartilage with microinvasion of the thyroid; 36 lymph nodes removed; 1 malignant ipsilateral cervical node

NAACCR

POP QUIZ

- What is the Summary Stage 2000?
 - 0 In situ
 - 1 Localized only
 - 2 Regional by direct extension only
 - 3 Regional lymph node(s) involved only
 - 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - 5 Regional NOS
 - ★ 7 Distant site(s)/lymph node(s) involved

NAACCR

Larynx

COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CS) V0205

NAACCR

CS SCHEMAS

- LarynxGlottic
 - C32.0
- LarynxSupraglottic
 - C32.1
- LarynxSubglottic
 - C32.2
- LarynxOther
 - C32.3, C32.8, C32.9

NAACCR

SSF1: SIZE OF LYMPH NODES

- 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

NAACCR

SSF3 – SSF6: LYMPH NODE LEVELS FOR HEAD AND NECK

- SSF 3: Levels I-III
- SSF 4: Levels IV, V, retropharyngeal nodes
- SSF 5: Levels VI, VII, facial nodes
- SSF 6: Parapharyngeal, parotid, and suboccipital/retroauricular nodes

NAACCR

SSF3 – SSF6: NODE LEVELS

- Code presence or absence of node involvement
- One digit used to represent lymph nodes of a single level
- If you only have information about one level of lymph nodes, code all other lymph levels as 0
- If you know regional lymph nodes are positive but the lymph node level is unknown, code 000
- If no lymph nodes are involved clinically or pathologically, code 000

NAACCR

SSF9: EXTRACAPSULAR EXTENSION PATHOLOGICALLY, LYMPH NODES

- Extracapsular extension
 - Tumor within lymph nodes extends beyond the wall of the node into the perinodal fat
- Macroscopic
 - May be described in gross dissection
 - Takes priority over microscopic description
- Microscopic
 - May not be evident in gross exam
 - Described in microscopic section of path report

NAACCR

Larynx

DIAGNOSIS AND TREATMENT

NAACCR

TREATMENT-LARYNX

- Two categories
 - Supraglottic
 - Glottic
- No standardized NCCN guidelines for subglottic primaries because they are so rare

NAACCR

EARLY STAGE

- In situ
 - Endoscopic removal
 - Stripping
 - Laser
 - Radiation therapy
- Clinical T1-T2, N0, or select T3's
 - Radiation
 - Partial larynx preserving endoscopic surgery
 - Radiation and/or chemotherapy if adverse features

NAACCR

CT3 N0-1

- Concurrent systemic therapy or radiation
 - If residual tumor, then may have a neck dissection
 - if clinical N1 prior to therapy, they will do clinical assessment 4-8 weeks after therapy completed. If this is positive they will do a neck dissection.
- Laryngectomy with ipsilateral thyroidectomy
 - Neck dissection if cN1
 - Salvage surgery and neck dissection if residual tumor of the primary site
- Induction chemotherapy
- Clinical trials

NAACCR

SURGERY

- Hemilaryngectomy (30)
 - Left or right half of larynx including thyroid cartilage, false cord, ventricle, and true vocal cord.
- Partial laryngectomy (30)
 - Part of thyroid cartilage and corresponding portions of laryngeal mucosa.
- Supraglottic laryngectomy (33)
 - Part of larynx superior to the true vocal cord (transection through the ventricles)
- Total laryngectomy (41)
 - Entire larynx.
- Radical laryngectomy (42)
 - Entire Larynx and adjacent sites

NAACCR

SURGERY

- Unresectable tumor
 - Surgeon does not feel they can remove all gross tumor
 - Local control of the tumor will not be achieved
- Salvage surgery
 - Patients who do not have a complete clinical response to chemotherapy or radiation may have salvage surgery

NAACCR

CT3 N2-3

- Concurrent systemic therapy or radiation
 - If residual tumor, then may have a neck dissection
 - Will do clinical post treatment assessment 4-8 weeks after therapy completed. If this is positive they will do a neck dissection.
- Laryngectomy with ipsilateral thyroidectomy
 - Neck dissection if cN1
 - Salvage surgery and neck dissection if residual tumor of the primary site
- Induction chemotherapy
- Clinical trials

NAACCR

CT4A

- Total laryngectomy with thyroidectomy and neck dissection if indicated followed by adjuvant radiation and/or chemotherapy

NAACCR

EPI MOMENT

NAACCR

EPIDEMIOLOGY OF LARYNX CANCER

- Analyzed in Head & Neck Group or alone
- Rare, 3.2 per 100,000 (mortality 1.1 per 100,000)
- 5-year survival 61%
- Three anatomic subsites (differ in etiology, tx, and survival)
 - Glottic & supraglottic (Majority of tumors)
 - Subglottic
- Predominately squamous
- Incidence 6 times higher in men than women
 - Higher in blacks than whites
- Etiology unclear
 - Risk factors—tobacco, alcohol, poor nutrition, workplace exposures

NAACCR

CURRENT CINA RESEARCH

- Medullary thyroid carcinoma (MTC)
 - FDA required study
 - Monitor number of new MTC cases to identify any potential increase of MTC due to specific drugs for type 2 diabetes
 - liraglutide, exenatide once-weekly, or other GLP-1 receptor agonists
- No current research specifically for laryngeal cancers

NAACCR

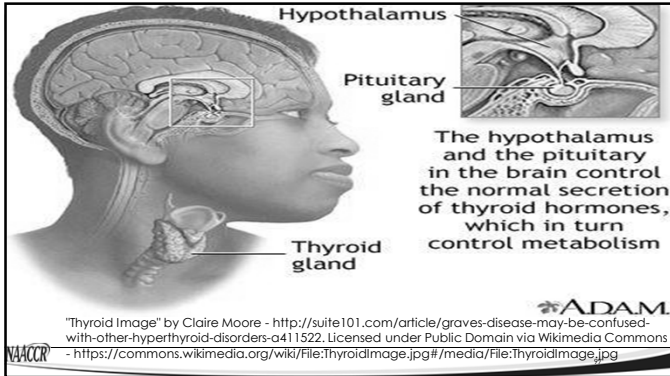
Quiz 1

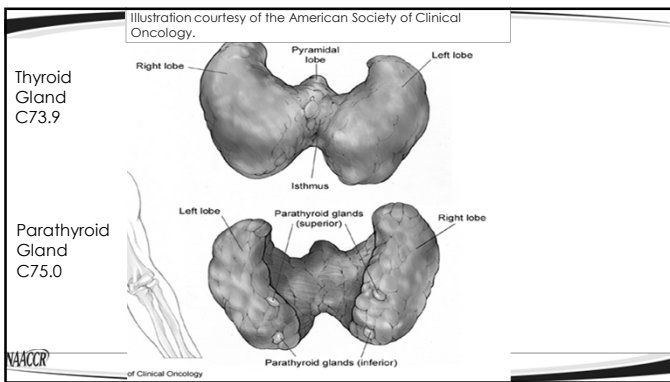
QUESTIONS?

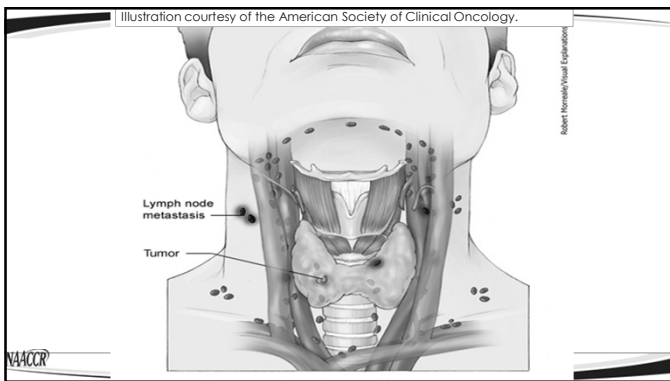
NAACCR

THYROID

NAACCR







THYROID HISTOLOGY

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

NAACCR

THYROID HISTOLOGY

- Main histologic types
 - Differentiated –10 year survival is 93%
 - Papillary (80%)
 - Follicular (11%)
 - Hurthle (3%)
 - Medullary (4%)-10 year survival is 85%
 - Anaplastic (2%)-10 year survival is 76%

*Based on 53,856 patients treated for thyroid cancer between 1985 and 1995

NAACCR

MPH RULES-OTHER

Required Histology	Combined with...	Combination Term	Code
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary follicular carcinoma	8346
Medullary	Papillary	Mixed medullary papillary carcinoma	8347

NAACCR

QUESTION

- How many primaries should be reported when a complete thyroidectomy specimen shows two tumors: 1.8 cm papillary carcinoma with tall cell features (8344/3) and a 0.4 cm papillary thyroid carcinoma (8260/3)?

NAACCR

QUESTION

- Is papillary thyroid carcinoma an NOS histology qualifying for rule M16, thus leading to a single primary, or would M17 apply (multiple primaries)?
- The histology codes are different at the second digit (8260 and 8344)?
- While rule M16 doesn't include papillary thyroid carcinoma in the listed histologies, it seems like it may be an NOS histology for the thyroid. In addition, code 8260/3 is listed as NOS in the ICD-O-3.

NAACCR

ANSWER


- Apply rule M16 and abstract a single primary.
- These two thyroid tumors, one papillary carcinoma with tall cell features (8344/3) and one papillary thyroid carcinoma, fit the criteria for rule M16, although not explicitly listed there.
- We will clarify this in the next version of the rules.

SEER SING
20140083

NAACCR


AJCC Cancer Stage

THYROID: CHAPTER 8




AJCC CANCER STAGE: THYROID

- ICD-O-3 Topography Codes
 - C73.9
- ICD-O-3 Histology Code Ranges
 - 8000-8576, 8940-8950, 8980-8981



AJCC CANCER STAGE: THYROID CLASSIFICATION

- Clinical staging
 - Evidence prior to treatment
 - Inspection and palpation of thyroid gland and regional lymph nodes
 - Laryngoscopy
 - Thyroid gland tumor biopsy
 - Imaging
- Pathologic staging
 - Evidence obtained in clinical staging and in histologic study of surgically resected specimen



AJCC CANCER STAGE: THYROID

- T Category
 - TX: Primary tumor cannot be assessed
 - T0: No evidence of primary tumor
 - T1: 2 cm or less in greatest dimension limited to thyroid
 - T1a: 1 cm or less, limited to thyroid
 - T1b: More than 1 cm but not more than 2 cm in greatest dimension, limited to thyroid
 - T2: More than 2 cm but not more than 4 cm in greatest dimension limited to thyroid

NAACCR

AJCC CANCER STAGE: THYROID

- T Category
 - T3: More than 4 cm in greatest dimension limited to thyroid or any tumor with minimal extrathyroid extension
 - T4a: Moderately advanced disease. Any size extending beyond thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve
 - T4b: Very advanced disease. Invades prevertebral fascia or encases carotid artery or mediastinal vessels

NAACCR

AJCC CANCER STAGE: THYROID

- T Category
 - *All anaplastic carcinomas are considered T4*
 - T4a: Intrathyroidal anaplastic carcinoma
 - T4b: Anaplastic carcinoma with gross extrathyroid extension

NAACCR

AJCC CANCER STAGE: THYROID

- Descriptors to subdivide T categories
 - Solitary tumor – (s)
 - Multifocal tumor – (m)

NAACCR

AJCC CANCER STAGE: THYROID

- N Category:
 - NX: Regional lymph nodes cannot be assessed
 - N0: No regional lymph node metastasis
 - N1: Regional lymph node metastasis
 - N1a: Metastasis to Level VI (pretracheal, paratracheal, and prelaryngeal/Delphian) lymph nodes
 - N1b: Metastasis to unilateral, bilateral, or contralateral cervical (Levels I, II, III, IV, or V) or retropharyngeal or superior mediastinal lymph nodes (Level VII)

NAACCR

AJCC CANCER STAGE: THYROID

- M Category
 - M0: No distant metastasis
 - M1: Distant metastasis

NAACCR

AJCC CANCER STAGE: THYROID

Papillary or follicular (differentiated)
Under 45 years

Group	T	N	M
Stage I	Any T	Any N	M0
Stage II	Any T	Any N	M1

NAACCR

AJCC CANCER STAGE: THYROID

Papillary or follicular (differentiated)
45 years and older

Group	T	N	M
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0

NAACCR

AJCC CANCER STAGE: THYROID

Papillary or follicular (differentiated)
45 years and older

Group	T	N	M
Stage IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
Stage IVB	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

NAACCR

AJCC CANCER STAGE: THYROID
Medullary carcinoma (all age groups)

Group	T	N	M
Stage I	T1	N0	M0
Stage II	T2	N0	M0
	T3	N0	M0
Stage III	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0

AJCC CANCER STAGE: THYROID
Medullary carcinoma (all age groups)

Group	T	N	M
Stage IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
Stage IVB	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

AJCC CANCER STAGE: THYROID
Anaplastic carcinoma

Group	T	N	M
Stage IVA	T4a	Any N	M0
Stage IVB	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

POP QUIZ

- 2/2/15 50 year old white female with palpable thyroid mass
- 2/2/15 CT of neck and chest: Right lobe thyroid lesion, 3.5 cm; no lymphadenopathy; no lung abnormalities
- 2/4/15 Needle biopsy, thyroid: Papillary carcinoma, moderately differentiated
- 2/18/15 Thyroidectomy with lymph node sampling: 3.5 cm papillary carcinoma, moderately differentiated, of thyroid extends into the cricothyroid and inferior pharyngeal constrictor muscles. 1 Delphian node positive of 5 nodes removed

NAACCR

POP QUIZ

- What is the AJCC clinical stage?
 - cT2 cN0 cM0 Stage II
- What is the AJCC pathologic stage?
 - pT4a pN1a pM_ Stage IVa

NAACCR

Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

**THYROID
 C73.9**

NAACCR

SUMMARY STAGE 2000: THYROID

- 0 In situ
 - Noninvasive; intraepithelial
- 1 Localized only
 - Single or multifocal invasive tumor(s) confined to thyroid
 - Into or through thyroid capsule, but not beyond
 - Localized NOS

NAACCR

SUMMARY STAGE 2000: THYROID

- 2 Regional by direct extension only
 - Extension to
 - Blood vessel(s) (major)
 - Carotid artery; jugular vein; thyroid artery or vein
 - Cricoid cartilage
 - Esophagus
 - Larynx
 - Nerves
 - Recurrent laryngeal; vagus

NAACCR

SUMMARY STAGE 2000: THYROID

- 2 Regional by direct extension only
 - Extension to
 - Parathyroid
 - Pericapsular soft/connective tissue
 - Sternocleidomastoid muscle
 - Strap muscle(s): Omohyoid, sternohyoid, sternothyroid
 - Thyroid cartilage
 - Tumor is described as "FIXED to adjacent tissues"

NAACCR

SUMMARY STAGE 2000: THYROID

- 3 Regional lymph node(s) involved only
 - Anterior deep cervical (laterotracheal) (recurrent laryngeal)
 - Paralaryngeal
 - Paratracheal
 - Prelaryngeal: Delphian node
 - Pretracheal
 - Cervical NOS

NAACCR

SUMMARY STAGE 2000: THYROID

- 3 Regional lymph node(s) involved only
 - Internal jugular, NOS
 - Deep cervical, NOS
 - Lower NOS
 - Jugulo-omohyoid (supraomohyoid)
 - Middle

NAACCR

SUMMARY STAGE 2000: THYROID

- 3 Regional lymph node(s) involved only
 - Mediastinal NOS
 - Posterior mediastinal (tracheoesophageal); upper anterior mediastinal
 - Retropharyngeal
 - Spinal accessory (posterior cervical)
 - Supraclavicular (transverse cervical)
 - Regional lymph node(s) NOS

NAACCR

SUMMARY STAGE 2000: THYROID

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes 2 + 3
- 5 Regional NOS

NAACCR

SUMMARY STAGE 2000: THYROID

- 7 Distant site(s)/lymph node(s) involved
 - Distant lymph node(s)
 - Mandibular
 - Submandibular (submaxillary); submental
 - Other distant lymph node(s)

NAACCR

SUMMARY STAGE 2000: THYROID

- 7 Distant site(s)/lymph node(s) involved
 - Extension to: Bone; mediastinal tissues; skeletal muscle, other than strap or sternocleidomastoid muscle; trachea
 - Further contiguous extension
 - Metastasis
- 9 Unknown if extension or metastasis

NAACCR

POP QUIZ

- 2/2/15 50 year old white female with palpable thyroid mass
- 2/2/15 CT of neck and chest: Right lobe thyroid lesion, 3.5 cm; no lymphadenopathy; no lung abnormalities
- 2/4/15 Needle biopsy, thyroid: Papillary carcinoma, moderately differentiated
- 2/18/15 Thyroidectomy with lymph node sampling: 3.5 cm papillary carcinoma, moderately differentiated, of thyroid extends into the cricothyroid and inferior pharyngeal constrictor muscles. 1 Delphian node positive of 5 nodes removed

NAACCR

POP QUIZ

- What is the Summary Stage 2000?
 - a. 0 In situ
 - b. 1 Localized only
 - c. 2 Regional by direct extension only
 - d. 3 Regional lymph node(s) involved only
 - e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - f. 5 Regional NOS
 - ★ g. 7 Distant site(s)/lymph node(s) involved

NAACCR

**CS V0205
THYROID C73.9**

NAACCR

SSF1: SOLITARY VS. MULTIFOCAL TUMOR

- Record whether thyroid cancer is solitary tumor or multifocal

NAACCR

Thyroid

DIAGNOSIS AND TREATMENT

NAACCR

DIAGNOSING THYROID CANCER

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

NAACCR


DIAGNOSING THYROID CANCER

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

NAACCR

THYROID NODULES

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



NAACCR

TREATMENT FOR PAPILLARY AND FOLLICULAR CARCINOMA

- Surgery
 - Ipsilateral lobectomy plus isthmusectomy (23)
 - Total thyroidectomy (50)
 - Completion thyroidectomy (50)
- Iodine-131 (I-131 or RAI)
 - Unresectable tumors
 - Post thyroidectomy
 - Radiation Treatment Volume should be coded to 33-Whole Body

NAACCR

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

NAACCR

THYROXIN SUPPRESSION OF THYROID STIMULATING HORMONE (TSH)

- *Synthroid* should be coded as hormonal treatment for thyroid cancer.
- This drug has two benefits:
 - It supplies the missing hormone the thyroid would normally produce
 - It suppresses the production of thyroid-stimulating hormone (TSH) from the pituitary gland. High TSH levels could conceivably stimulate any remaining cancer cells to grow.

NAACCR

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?

NAACCR

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.

NAACCR

TREATMENT

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

NAACCR

Quiz 2

QUESTIONS?

NAACCR

COMING UP...

- Collecting Cancer Data: Pancreas
 - 6/4/15
- Survivorship Care Plans
 - 7/9/15

NAACCR

AND THE WINNERS ARE.....

NAACCR

CE CERTIFICATE QUIZ/SURVEY

- Phrase
- Link
 - <http://www.surveygizmo.com/s3/2127403/Larynx-and-Thyroid-2015>

NAACCR
