

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

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2013-2014 NAACCR Webinar Series

October 3, 2013

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**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**

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**Overview**  
Lip and Oral Cavity




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**2013 Estimated New Cases and Deaths**

- New cases: 41,380 (oral cavity and pharynx)
  - Male 29,620 (2.5 x more than females)
  - Female 11,760
- Deaths: 7,890 (oral cavity and pharynx)
  - Male 5,500
  - Female 2,390

American Cancer Society Facts and Figures  
<http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf>




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**Five Year Relative Survival by Stage at Diagnosis, 2002-2008**

Site	All Stages	Local	Regional	Distant
Oral Cavity and Pharynx	62	82	57	35

\*Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 18 areas from 2002-2008, followed through 2009.

American Cancer Society Facts and Figures  
<http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf>




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**Stage**

- **Local:** an invasive malignant cancer confined entirely to the organ of origin.
- **Regional:** a malignant cancer that
  - Has extended beyond the limits of the organ of origin directly into surrounding organs or tissues or
  - involves regional lymph nodes by way of lymphatic system or
  - Has both regional extension and involvement of regional lymph nodes.
- **Distant:** a malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distant organs, tissues, or via the lymphatic system to distant lymph nodes.



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**Risk Factors**

- Tobacco
- Alcohol
- Combined heavy alcohol and tobacco abuse
- HPV-16 (oropharyngyl more than oral cavity)



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**Carcinomas of the Oral Cavity**

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



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### Anatomy-Lip and Oral Cavity

**Anatomy of the Oral Cavity**

- Mucosa of the Lip
- Buccal Mucosa
- Lower Alveolar Ridge
- Upper Alveolar Ridge
- Retromolar Gingiva
- Floor of the Mouth
- Hard Palate
- Anterior Two-Thirds of the Tongue

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### Coding Primary Site

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

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### Coding Primary Site

No resection (biopsy only):

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

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### Coding Primary Site

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




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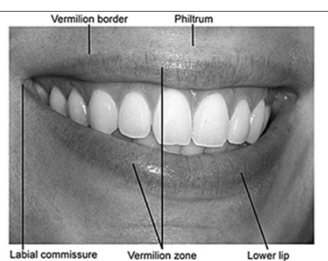
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### Mucosa of the Lip



The lip begins at the junction of the vermilion border with the skin and includes only the vermilion surface or that portion of the lip that comes in contact with the opposing lip.  
It is well defined into an upper and lower lip joined at the commissures of the mouth.




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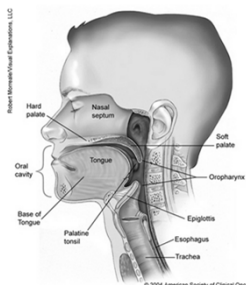
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### Lip-Important Landmarks

- Cortical bone
  - Forms the cortex, or outer shell, of most bones.
- Inferior alveolar nerve
- Floor of mouth
- Skin of face




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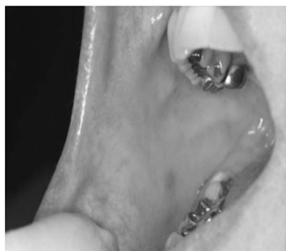
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### Buccal Mucosa (Inner Cheek)



- This includes all the membrane lining of the inner surface of the cheeks and lips from the line of contact of the opposing lips to the line of attachment of mucosa of the alveolar ridge (upper and lower) and pterygomandibular raphe.

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### Lower & Upper Alveolar Ridge



- This refers to the mucosa overlying the alveolar process of the mandible.

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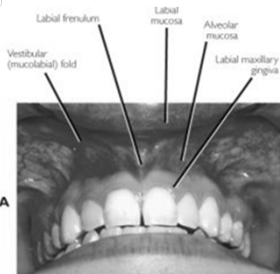
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### Retromolar Gingiva (Retromolar Trigone)



- This is the attached mucosa overlying the ascending ramus of the mandible from the level of the posterior surface of the last molar tooth and the apex superiorly, adjacent to the tuberosity of the maxilla.

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### Floor of the Mouth



- This is a semilunar space over the mylohyoid and hypoglossus muscles, extending from the inner surface of the lower alveolar ridge to the undersurface of the tongue.

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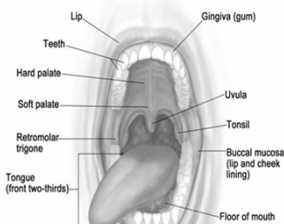
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### Hard Palate



- This is the semilunar area between the upper alveolar ridge and the mucous membrane covering the palatine process of the maxillary palatine bones.

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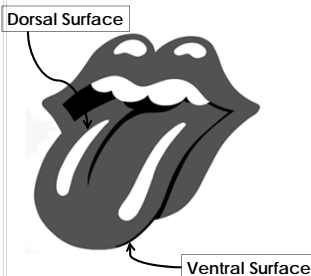
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### Anterior Two-Thirds of the Tongue (Oral Tongue).



- Extrinsic muscles (originates from bone)
  - Genioglossus
  - Hyoglossus
  - Styloglossus
  - Palatoglossus
- Intrinsic muscles (does not originate from bone)
  - Superior longitudinal
  - Inferior longitudinal
  - Verticalis
  - Transversus

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### Oral Cavity-Important Landmarks

- Cortical bone (mandible or maxilla)
- Deep (extrinsic) muscles of the tongue
- Maxillary Sinus
- Skin of face

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### Important Landmarks

- Masticator space
- Pterygoid plates
- Base of the skull
- Internal carotid artery

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### Lymph Nodes

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### Lymph Node Metastasis

- The risk of distant metastasis is more dependent on the N category than the T category
- The level of involved lymph nodes is prognostically significant
  - Lower the level, the worse the prognosis
    - Level IV has a worse prognosis than level II
- Extracapsular extension is associated with a worse prognosis




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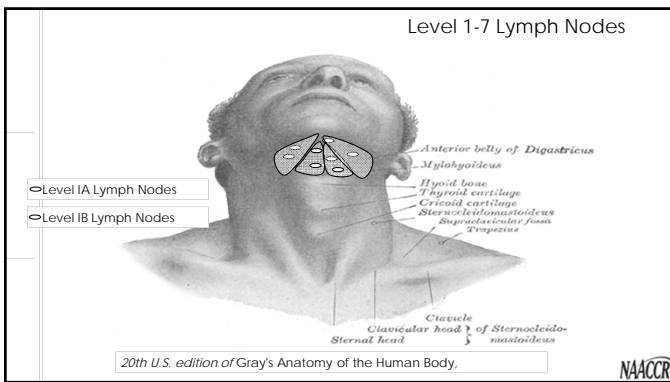
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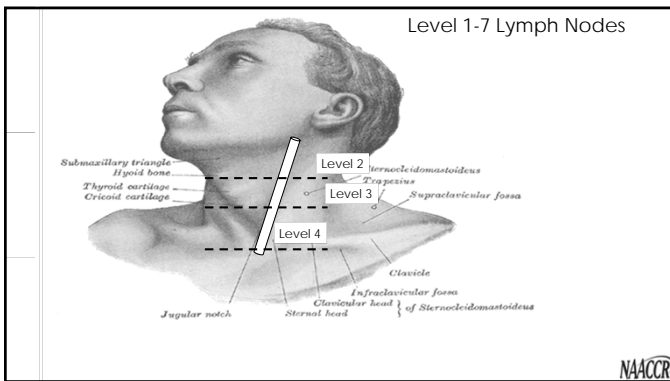
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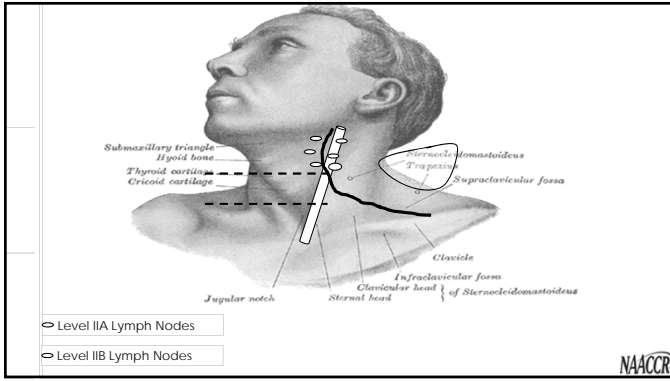
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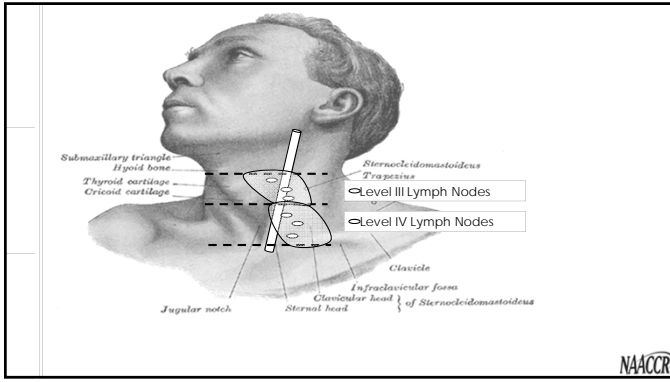
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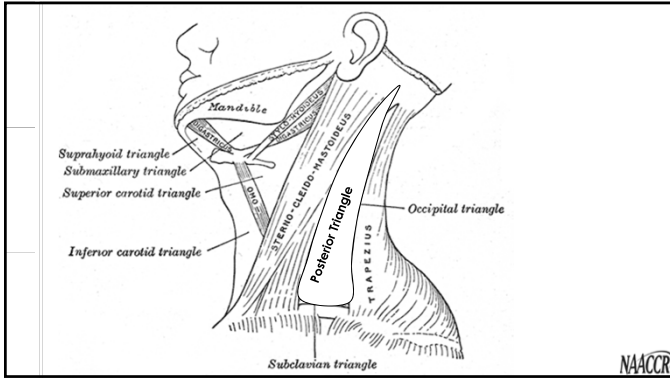
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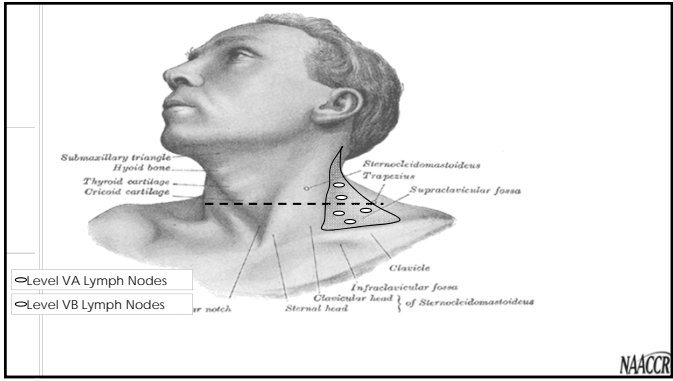
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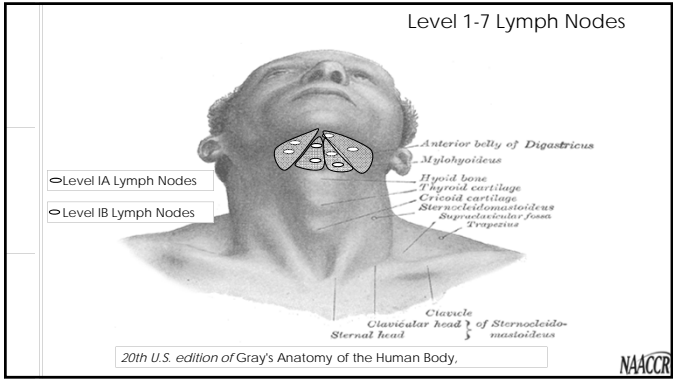
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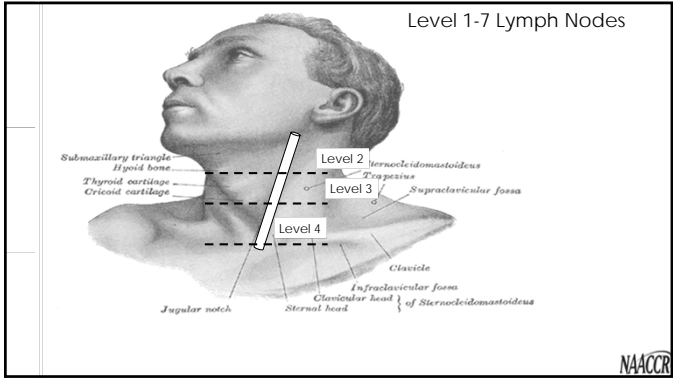
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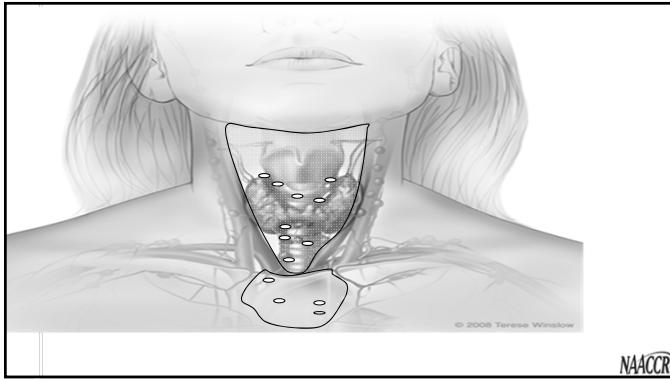
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**Other Lymph Node Groups**

- Facial/Buccinator ○
- Nasolabial ○
- Parotid ○
- Preauricular ○
- Occipital ○

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**First Echelon Lymph Nodes-Lip**

- Low risk of metastasis (10% of patients)
  - Higher risk in primaries of the upper lip and commissure.
- Adjacent submental and submandibular (IA and IB) lymph nodes are first echelon

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**First Echelon Lymph Nodes-Hard Palate and Alveolar Ridge**

- About 30% of patients with oral cavity primaries present with lymph node metastasis
- Varies by site
  - 50-60% of anterior tongue primaries present with lymph node metastasis
  - Lymph node metastasis from primaries of the alveolar ridge hard palate is rare




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**First Echelon Lymph Nodes-Hard Palate and Alveolar Ridge**

- Low metastatic risk
  - Buccinator lymph nodes
- Infrequently involve cervical lymph nodes


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**First Echelon Lymph Nodes-Other Oral Cavity Sites**

- Area is rich in lymphatic drainage
  - Submandibular (level I)
  - Jugular (level 2, 3, 4)


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### Lymph Node Progression

- Predictable and orderly disease progression
- Anterior primaries may spread directly to the mid cervical lymph nodes
- The closer to the midline the greater the likelihood of bilateral involvement

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### Distant Mets

- Lung
- Skeletal
- Liver
- Mediastinal lymph nodes
  - Except supraclavicular and transverse cervical lymph nodes (level VII)

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### Staging: Lip & Oral Cavity

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**CSv2 Schemas: Lip & Oral Cavity**

CSv2 Schema	Anatomic Site	ICD-O-3 Codes
LipUpper	Upper lip	C000, C003
LipLower	Lower lip	C001, C004, C006
LipOther	Lip NOS	C002, C005, C008-C009
TongueAnterior	Anterior 2/3 of tongue, tip, border, & tongue NOS	C020-C023, C028-C029
GumUpper	Upper gum	C030
GumLower	Lower gum	C031, C062
GumOther	Gum NOS	C039

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**CSv2 Schemas: Lip & Oral Cavity**

CSv2 Schema	Anatomic Site	ICD-O-3 Codes
FloorMouth	Floor of mouth	C040-C041, C048-C049
PalateHard	Hard palate	C050
MouthOther	Palate NOS; Mouth NOS	C058-C059, C068-C069
BuccalMucosa	Cheek (buccal) mucosa, vestibule	C060, C061

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- CS Tumor Size: Lip & Oral Cavity**
- AJCC T1, T2, T3 categories based on tumor size
    - T1: 2 cm or less in greatest dimension
    - T2: More than 2 cm but not more than 4 cm in greatest dimension
    - T3: More than 4 cm in greatest dimension
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**CS Tumor Size: Lip & Oral Cavity**

Code	Description
000	No mass/tumor found
001-988	001-988 mm (Exact size to nearest mm)
989	989 mm or larger
990	Microscopic focus or foci and no size given
991	Less than 1 cm
992	Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm Stated as T1 with no other information on size

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**CS Tumor Size: Lip & Oral Cavity**

Code	Description
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 Stated as T2 with no other information on size
995	Less than 5 cm OR greater than 4cm OR between 4 cm and 5 cm Stated as T3 with no other information on size
996	Described as greater than 5 cm
999	Unknown

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**CS Extension: Lip & Oral Cavity**

- AJCC Cancer Stage
  - T1, T2, T3 categories based on tumor size
  - T4a: Moderately advanced local disease
    - Invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin of face
    - Invades adjacent structures only
  - T4b: Very advanced local disease
    - Invades masticator space, pterygoid plates, skull base
    - Encases internal carotid artery

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### CS Extension: Lip & Oral Cavity

- Summary Stage 2000
  - Localized (L)
  - Regional by direct extension (RE)
  - Distant extension (D)




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### CS Extension: Cheek (Buccal) Mucosa

Code	Description	TNM 7	SS20000
100	Invasive tumor confined to: Lamina propria; Submucosa	^	L
510	Gingiva	^	RE
525	Cortical bone of mandible; Cortical bone of maxilla; Mandible NOS; Maxilla, NOS, Cartilage NOS; Cortical bone NOS; Bone NOS	^	D
725	Trabecular bone: Mandible; Maxilla; Palatine bone	T4a	D
795	Masticator space; Pterygoid plates	T4b	D

^ T category is assigned based on value of CS Tumor Size.




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### Pop Quiz

- Final diagnosis: Overlapping lesion of the hard/soft palate.
- Imaging: 1.1 cm lesion of hard/soft palate.
- Resection pathology report: 1.0 cm lesion of hard/soft palate invades into bone; pT4a.
  
- Which CS schema is used to code the CS data items?
  - PalateHard
  - PalateSoft
  - MouthOther




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**Pop Quiz**

- What is the code for CS Tumor Size?
  - 010
  - 011
  - 992: Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"; Stated as T1 with no other information on size
  - 999: Unknown
- What is the code for CS Extension?
  - 535: Cortical bone of mandible or maxilla; cortical bone NOS; Bone NOS
  - 725: Trabecular bone: Mandible; Maxilla
  - 775: Stated as T4a with no other info on extension
  - 788: Specified bone



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**Pop Quiz: MouthOther Extension Codes**

Code	Description	TNM 7	SS20000
535	Cortical bone of mandible or maxilla; cortical bone NOS; Bone NOS	^	D
725	Trabecular bone: Mandible; Maxilla	T4a	D
775	Stated as T4a with no other info on extension	T4a	D
788	Specified bone	T4b	D

^ T category is assigned based on value of CS Tumor Size.

- T1: 2 cm or less in greatest dimension
- T2: More than 2 cm but not more than 4 cm in greatest dimension
- T3: More than 4 cm in greatest dimension



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

- Includes lymph nodes defined as Levels I-VII and Other by AJCC
- Other information about regional lymph node involvement coded in SSF 1, 3-9
- Consider nodes ipsilateral if laterality not specified or midline nodes
- If nodes described as supraclavicular, determine if Level IV or Level V
  - Code as Level V if level cannot be determined



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

- AJCC Cancer Stage
  - N Category based on size of involved regional nodes
    - N1: Metastasis in single ipsilateral node 3 cm or less in greatest dimension
    - N2
      - N2a: Metastasis in single ipsilateral node more than 3 cm but not more than 6 cm in greatest dimension
      - N2b: Metastasis in multiple ipsilateral nodes, none more than 6 cm in greatest dimension
      - N2c: Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension
    - N3: Metastasis in a node more than 6 cm in greatest dimension



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

- Summary Stage 2000
  - Regional nodes involved (RN)
  - Distant nodes involved (D)



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**CS Lymph Nodes: Cheek (Buccal) Mucosa**

Code	Description	TNM 7	SS20000
100	Single positive ipsilateral regional node: Levels I, II, III, IV and Other groups; Cervical NOS; Deep cervical NOS; Internal jugular NOS; Regional nodes NOS	^	RN
110	Single positive ipsilateral regional node: Level IA	^	RN
120	Single positive ipsilateral regional node: Levels V, VI, VIII; Parapharyngeal; Retropharyngeal; Retroauricular; Suboccipital	^	D

^ N category is assigned based on value of SSF1, Size of Lymph Nodes.



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**CS Lymph Nodes: Cheek (Buccal) Mucosa**

Code	Description	TNM 7	SS20000
200	Multiple positive ipsilateral nodes listed in code 100	^	RN
210	Multiple positive ipsilateral nodes listed in code 110 with or without nodes listed in code 100	^	RN
220	Multiple positive ipsilateral nodes listed in code 120 with or without nodes listed in code 100 or 110	^	D

^ N category is assigned based on value of SSF1, Size of Lymph Nodes. NAACCR

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**CS Lymph Nodes: Cheek (Buccal) Mucosa**

Code	Description	TNM 7	SS20000
300	Positive ipsilateral nodes listed in code 100, not stated if single or multiple	^	RN
310	Positive ipsilateral nodes listed in code 110, not stated if single or multiple	^	RN
320	Positive ipsilateral nodes listed in code 120, not stated if single or multiple	^	D

^ N category is assigned based on value of SSF1, Size of Lymph Nodes. NAACCR

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**CS Lymph Nodes: Cheek (Buccal) Mucosa**

Code	Description	TNM 7	SS20000
400	Positive bilateral or contralateral nodes listed in code 100	^	RN
410	Positive bilateral or contralateral nodes listed in code 110 with or without nodes listed in code 100	^	RN
420	Positive bilateral or contralateral nodes listed in code 120 with or without nodes listed in code 100 or 110	^	D

^ N category is assigned based on value of SSF1, Size of Lymph Nodes. NAACCR

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**CS Lymph Nodes: Cheek (Buccal) Mucosa**

Code	Description	TNM 7	SS20000
500	Positive nodes listed in code 100, not stated if ipsilateral or bilateral or contralateral and not stated if single or multiple	^	RN
510	Positive nodes listed in code 110, not stated if ipsilateral or bilateral or contralateral and not stated if single or multiple	^	RN
520	Positive nodes listed in code 120, not stated if ipsilateral or bilateral or contralateral and not stated if single or multiple	^	D

^ N category is assigned based on value of SSF1, Size of Lymph Nodes.




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**Pop Quiz**

- MRI: Floor of the mouth lesion measured 1.5 cm and involved the mandibular alveolus. No invasion of the mandible or tongue. 9 mm lymph node located over the left submandibular triangle is highly suspicious for metastatic disease.
- Biopsy of anterior midline floor of mouth lesion: Infiltrating squamous cell carcinoma, grade 2.
- Due to the patient's medical condition, surgery was not recommended. Definitive radiation therapy is planned.




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**Pop Quiz**

- What is the code for CS Lymph Nodes?
  - 000: None
  - 100: Single positive submandibular node (level IB)
  - 300: Regional lymph nodes as listed in code 100, not stated if single or multiple
  - 999: Unknown; regional nodes cannot be assessed




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**CS Mets at DX: Lip & Oral Cavity**

- AJCC Cancer Stage
  - Distant metastasis (M1)
- Summary Stage 2000
  - Metastasis (D)

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**CS Mets at DX: Lip & Oral Cavity**

Code	Description	TNM 7	SS20000
00	No distant metastasis	M0	None
10	Distant lymph nodes	M1	D
40	Distant metastases except distant lymph nodes; Carcinomatosis	M1	D
50	Distant metastasis plus distant lymph nodes	M1	D
60	Distant metastasis NOS: Stated as M1 with no other information on distant metastasis	M1	D
99	Unknown		

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**Pop Quiz**

- Excision of right upper lip lesion: Poorly differentiated squamous cell carcinoma of right vermillion surface of lip, 3.5 cm, extends into right upper gum
- Excision of left supraclavicular lymph node: Metastatic squamous cell carcinoma, 2 cm.
- Chest x-ray: Normal
- What is the code for CS Mets at DX?
  - 00: No distant metastasis
  - 10: Distant lymph nodes
  - 50: Distant metastasis plus distant lymph nodes
  - 99: Unknown

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**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



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**Pop Quiz**

- Excision of right upper lip lesion: Poorly differentiated squamous cell carcinoma of right vermillion surface of lip, 3.5 cm, extends into right upper gum
- Excision of left supraclavicular lymph node: Metastatic squamous cell carcinoma, 2 cm.
- Chest x-ray: Normal
- What is the code for SSF1 (Size of Lymph Nodes)?
  - 000: No involved regional nodes
  - 020
  - 035
  - 200



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**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



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**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




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**SSF3: Levels I-III**

100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Levels I and II lymph nodes involved
101	Levels I and III lymph nodes involved
011	Levels II and III lymph nodes involved
111	Levels I, II and III lymph nodes involved




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**Pop Quiz**

- Excision of right upper lip lesion: Poorly differentiated squamous cell carcinoma of right vermillion surface of lip, 3.5 cm, extends into right upper gum.
- Excision of left supraclavicular lymph node: Metastatic squamous cell carcinoma, 2 cm.
- Chest x-ray: Normal
- What is the code for SSF4 (Levels IV, V, retropharyngeal nodes)?
  - 000: No involvement in levels IV, V, or retropharyngeal nodes
  - 100: Level IV lymph nodes involved
  - 010: Level V nodes involved
  - 001: Retropharyngeal nodes involved




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**SSF9: Extracapsular Extension Pathologically, Lymph Nodes for Head & Neck**

- 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




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**Pop Quiz**

- Excision of right upper lip lesion: Poorly differentiated squamous cell carcinoma of right vermillion surface of lip, 3.5 cm, extends into right upper gum.
- Excision of left supraclavicular lymph node: Metastatic squamous cell carcinoma, 2 cm.
- Chest x-ray: Normal
- What is the code for SSF9 (Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck)?
  - 000: No regional lymph nodes involved pathologically
  - 010: Regional nodes involved pathologically, no extracapsular extension pathologically
  - 050: Regional lymph nodes involved pathologically, unknown if extracapsular extension
  - 998: No histopathologic exam of regional nodes




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**SSF11: Measured Thickness (Depth)**

- Record thickness or depth of primary tumor in tenths of mm
  - Take measurement from pathology specimen NOT imaging or clinical measurement
  - In absence of thickness or depth
    - Use measurement taken from cut surface of specimen
    - Third dimension in statement of tumor size
  - Do not code depth measurement from tumor excision after neoadjuvant treatment
    - Use code 998




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**Pop Quiz**

- Excision of right upper lip lesion: Poorly differentiated squamous cell carcinoma of right vermilion surface of lip, 3.5 cm, extends into right upper gum.
- Excision of left supraclavicular lymph node: Metastatic squamous cell carcinoma, 2 cm.
- Chest x-ray: Normal
- What is the code for SSF1 [Measure Thickness (Depth)]?
  - 200
  - 350
  - 998: No surgical specimen from primary site
  - 999: Unknown

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**Treatment**  
Lip and Oral Cavity

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**Lip**

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

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**Lip**

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

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**Neck Dissection**

- Comprehensive neck dissection
  - Removal of level I-V lymph nodes
  - Often recommended for patients with N3 disease
- Selective neck dissection
  - Neck dissection based on the understood common pathways of spread for lip and oral cavity primaries.
    - Lymph nodes above the omohyoid muscle
      - Level I-III and sometimes the superior level IV
  - Patient are often N0
    - Procedure used to determine if chemotherapy is appropriate

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**Lip**

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

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**Oral Cavity**

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

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**Radiation**

- Radiation may be delivered either as a primary treatment or adjuvant treatment to
  - Primary Tumor and involved stations
  - Sites of suspected subclinical spread
    - High risk sites
    - Low risk sites

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**Oral Cavity**

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

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**Oral Cavity**

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

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**Oral Cavity**

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

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Questions?

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**Coming Up...**

- Prostate
  - November 7, 2013
- Ovary
  - December 5, 2013

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**And the Winners are .....**

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**CE Certificate Quiz/Survey**

- Phrase
  - \*\*\*\*\*
- Link
  - <http://www.surveygizmo.com/s3/1388026/Lip-and-Oral-Cavity>

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**Thank You!!!!**

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Please send any question to  
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