**Case Scenario 1**

**History/Physical Exam**:

3/3/2016 61yr old Caucasian female with a three month history of a rapidly growing, painful nodule in the gingiva adjacent to tooth #11. Clinical exam revealed a proliferative lesion measure approximately 2cm in the vestibular marginal gingiva of teeth #11 and #12, presents with purulent exudation. There is no palpable enlarged cervical lymph nodes bilaterally. The patient has undergone a 10 day antibiotic treatment with no change. In view of the clinical symptoms and differential diagnosis of an infectious granulomatous process or malignant neoplasm, an incisional biopsy was obtained.

**Scans:**

3/9/2016 CT Head/Neck: Increase uptake in the maxilla gingiva noted on the right side with possible involvement of the maxillary bone. There is some slight lymphadenopathy in right level 1 lymph nodes. No other lymphadenopathy noted. No other abnormalities noted.

4/17/2016 CT Chest/Abdomen/Pelvis: no distant metastasis noted

**Operative Report**:

3/30/2016 Wide excision of the maxillary gingiva tumor with peripheral osteotomy of the alveolar bone to include teeth #11 - #13. Neck dissection, levels I-IV

**Pathology**:

3/3/2016 Gingiva, incisional biopsy: squamous cell carcinoma, HPV 16 positive

3/30/2016 Resection maxilla gingiva: poorly differentiated squamous cell carcinoma, 1cm. No invasion into bone. Margins are negative. 1/4 level 1A lymph node, measure 1.5cm. 0/12 levels II-IV.

**Treatment**:

6/30/2016 Radiation Summary: Stereotactic beam radiation to the maxilla and lymph nodes: 5000cgy, in 14 fractions from 5/5/2016 – 6/23/2016. Patient tolerated treatments well with little to no side effects. Plan: follow up exam and scans in three months.

**Case Scenario 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * **What is the primary site?**   **C03.0, Maxillary gingiva**   * **What is the histology?**   **8070/3, Squamous cell carcinoma** | | | * **What is the grade/differentiation?**   **3-Poorly Differentiated** | | |
| **Stage/ Prognostic Factors** | | | | | |
| Summary Stage | 3, Regional LN (1/4 level 1A) | | Tumor Size Summary | 010 | |
| TNM Clin T | cT1 (2cm on PE) | | TNM Path T | pT1 (1cm on excision) | |
| TNM Clin N | cN0 (no statement of clinical involve LN) | | TNM Path N | pN1 (1.5cm level 1A LN) | |
| TNM Clin M | cM0 (negative PE – no mention) | | TNM Path M | cM0 (clinical negative) | |
| TNM Clin Stage | 1 | | TNM Path Stage | 3 | |
| TNM Clin Descriptor | 0 | | TNM Path Descriptor | 0 | |
| TNM Clin Staged By | 20 | | TNM Path Staged By | 20 | |
| CS SSF 1 | 015 | |  |  | |
| CS SSF 3 | 100 | | Regional Nodes Positive | 01 | |
| CS SSF 4 | 000 | | Regional Nodes Examined | 16 | |
| CS SSF 5 | 000 | | Mets at Dx - Bone | 0 | |
| CS SSF 6 | 000 | | Mets at Dx - Brain | 0 | |
| CS SSF 9 | 010 | | Mets at Dx - Liver | 0 | |
|  |  | | Mets at Dx - Lung | 0 | |
|  |  | | Mets at Dx - Other | 0 | |
|  |  | | Mets at Dx – Distant LN | 0 | |
|  |  | |  |  | |
| **Treatment** | | | | | |
| Diagnostic Staging Procedure | | 02 |  | |  |
| **Surgery Codes** | |  | **Radiation Codes** | |  |
| Surgical Procedure of Primary Site | | 30 | Radiation Treatment Volume | | 06 |
| Scope of Regional Lymph Node Surgery | | 5 | Regional Treatment Modality | | 41 |
| Surgical Procedure/ Other Site | | 0 | Regional Dose | | 05000 |
| **Systemic Therapy Codes** | |  | Boost Treatment Modality | | 00 |
| Chemotherapy | | 00 | Boost Dose | | 00000 |
| Hormone Therapy | | 00 | Number of Treatments to Volume | | 014 |
| Immunotherapy | | 00 | Reason No Radiation | | 0 |
| Hematologic Transplant/Endocrine Procedure | | 00 | Radiation/Surgery Sequence | | 3 |
| Systemic/Surgery Sequence | | 0 |  | |  |

**Case Scenario 2**

**History/Physical Exam**:

7/15/2016 55yr old African American male with proliferative growth on the body of the tongue about 1cm from the midline to the right side. A raised firm lump, 1x1cm, was attached to the underlying muscle. The growth was well defined in nature and the rest of the tongue was normal and freely mobile. Floor of mouth and pharynx were normal. The patient’s maxillary incisors had a sharp tooth edge adjacent to the lesion. The submental, submandibular or supraclavicular lymph nodes were not palpable. Patient has a history of tobacco chewing since 10yr old. There was no family history of malignancy. An incisional biopsy was obtained. Plan: excision of the tongue mass.

**Scans**:

7/18/2016 CT Head/Neck, contrast enhanced: Mild increased uptake in the tongue, anterior two-thirds towards the right. No lymphadenopathy seen in bilateral level I-IV lymph nodes.

8/20/2016 CT Chest/Ab/Pelvis: no metastatic disease seen. MRI Brain: negative

**Operative Report**:

7/15/2016 Incisional biopsy: squamous cell carcinoma, well differentiated

8/1/2016 V-shaped excision of the anterior two-third of the tongue, 1.5cm margin around mass. Supraomohyoid neck dissection, bilateral submental lymph node removal and right side level 2 lymph nodes removed. Primary closure performed.

**Pathology**:

8/1/2016 Anterior two-thirds tongue, excision: well differentiated squamous cell carcinoma, infiltrating the adjacent muscle, 2.3cm. Margins negative. Lymphvascular invasion not seen. 0/18 lymph nodes involved. HPV negative.

**Plan**:

8/22/2016 No adjuvant treatment, close observation for five years. Next follow up scheduled in 3 months.

**Case Scenario 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * **What is the primary site?**   **C02.3, anterior tongue**   * **What is the histology?**   **8070/3, Squamous cell carcinoma** | | | | * **What is the grade/differentiation?**   **1-Well Differentiated** | | |
| **Stage/ Prognostic Factors** | | | | | | |
| Summary Stage | 1-Localized | | Tumor Size Summary | | 023 | |
| TNM Clin T | cT1 (1cm on PE) | | TNM Path T | | pT2 (2.3cm on excision) | |
| TNM Clin N | cN0 (no palpable and none on CT) | | TNM Path N | | pN0 (no involve LN) | |
| TNM Clin M | cM0 (negative PE – no mention) | | TNM Path M | | cM0 (clinical negative) | |
| TNM Clin Stage | 1 | | TNM Path Stage | | 2 | |
| TNM Clin Descriptor | 0 | | TNM Path Descriptor | | 0 | |
| TNM Clin Staged By | 20 | | TNM Path Staged By | | 20 | |
| CS SSF 1 | 000 | |  | |  | |
| CS SSF 3 | 000 | | Regional Nodes Positive | | 00 | |
| CS SSF 4 | 000 | | Regional Nodes Examined | | 18 | |
| CS SSF 5 | 000 | | Mets at Dx - Bone | | 0 | |
| CS SSF 6 | 000 | | Mets at Dx - Brain | | 0 | |
| CS SSF 9 | 000 | | Mets at Dx - Liver | | 0 | |
|  |  | | Mets at Dx - Lung | | 0 | |
|  |  | | Mets at Dx - Other | | 0 | |
|  |  | | Mets at Dx – Distant LN | | 0 | |
|  |  | |  | |  | |
| **Treatment** | | | | | | |
| Diagnostic Staging Procedure | | 02 |  | | |  |
| **Surgery Codes** | |  | **Radiation Codes** | | |  |
| Surgical Procedure of Primary Site | | 30 | Radiation Treatment Volume | | | 00 |
| Scope of Regional Lymph Node Surgery | | 5 | Regional Treatment Modality | | | 00 |
| Surgical Procedure/ Other Site | | 0 | Regional Dose | | | 00000 |
| **Systemic Therapy Codes** | |  | Boost Treatment Modality | | | 00 |
| Chemotherapy | | 00 | Boost Dose | | | 00000 |
| Hormone Therapy | | 00 | Number of Treatments to Volume | | | 00 |
| Immunotherapy | | 00 | Reason No Radiation | | | 1 |
| Hematologic Transplant/Endocrine Procedure | | 00 | Radiation/Surgery Sequence | | | 0 |
| Systemic/Surgery Sequence | | 0 |  | | |  |