



# Pharynx



2015-2016 NAACCR Webinar Series

November, 2015

1



## 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.

2

## ●●●● Fabulous Prizes

NAACCR



## ●●●● Agenda

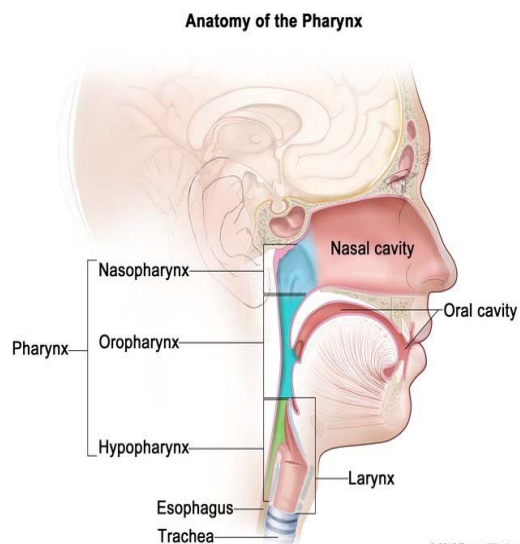
NAACCR

- Anatomy
- EPI Moment
- SEER Summary Stage/AJCC Stage
- Treatment



## ●●●● Anatomy of the Pharynx

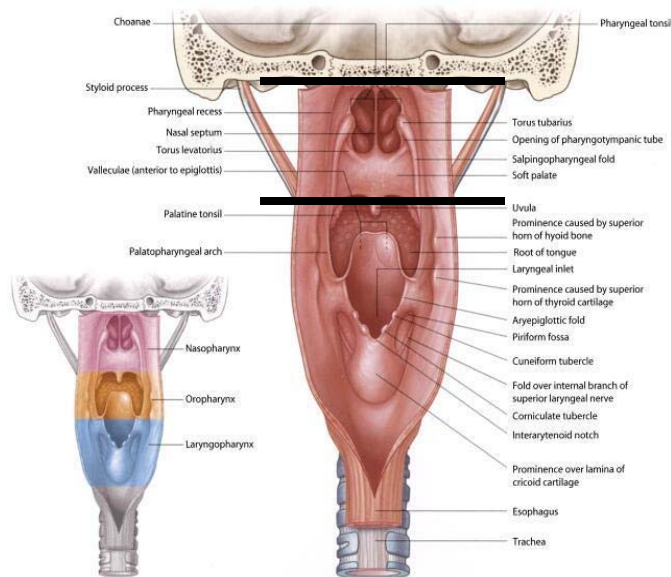
- Nasopharynx
- Oropharynx
- Hypopharynx



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## ●●●● Anatomy of the Pharynx

- Nasopharynx
- Oropharynx
- Hypopharynx



Features of the pharynx  
(posterior view with the pharyngeal wall opened)

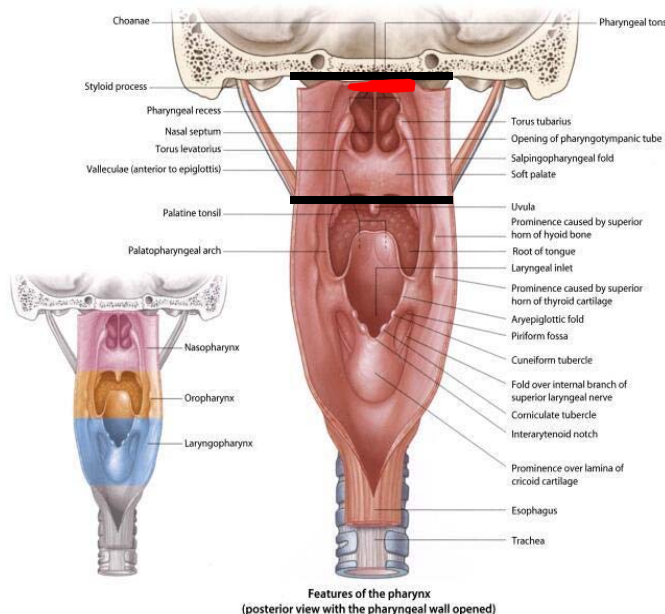
●●●● Anatomy of the Pharynx

Primary Sites of the Nasopharynx

C11.0 Superior Wall of Nasopharynx

C11.1 Posterior Wall  
Pharyngeal Tonsils

C11.2 Lateral Wall  
Fossae of Rosenmuller



Features of the pharynx (posterior view with the pharyngeal wall opened)

7

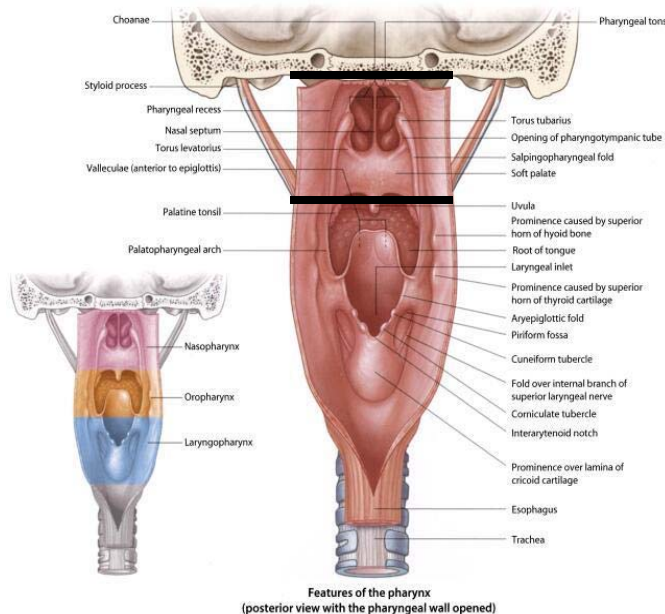
●●●● Anatomy of the Pharynx

Primary Sites of the Nasopharynx

C11.3 Anterior Wall  
Pharyngeal fornix  
Choana  
Posterior wall of nasal septum

C11.8 Overlapping

C11.9 Nasopharynx, NOS



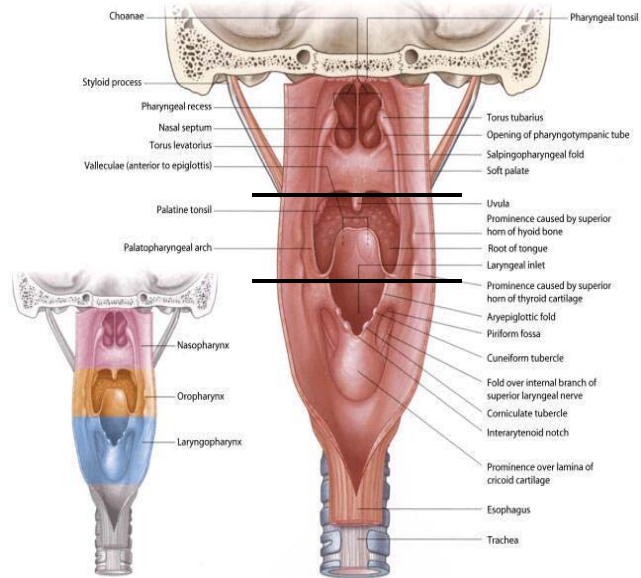
Features of the pharynx (posterior view with the pharyngeal wall opened)

8

## ●●●● Anatomy of the Pharynx



- Nasopharynx
- Oropharynx
- Hypopharynx



Features of the pharynx (posterior view with the pharyngeal wall opened)

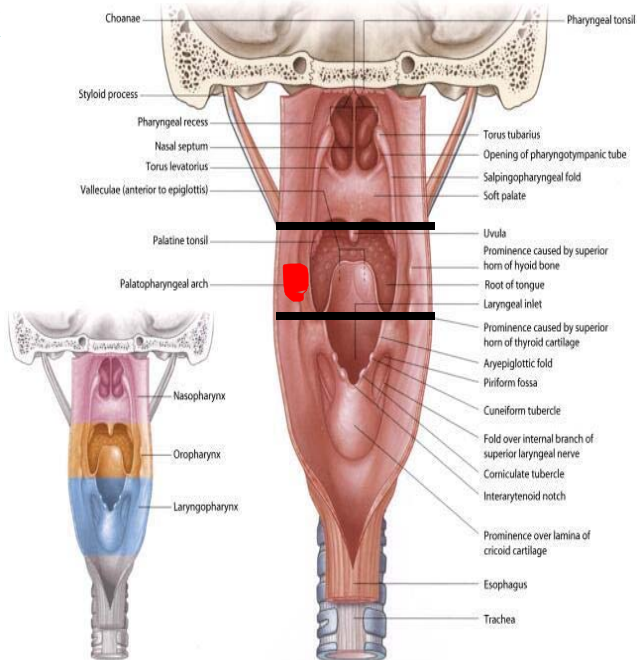
## ●●●● Anatomy of the Pharynx



Primary Sites of Oropharynx  
C10.0 Vallecula

C10.1 Anterior Surface of epiglottis  
Lingual Surface of epiglottis

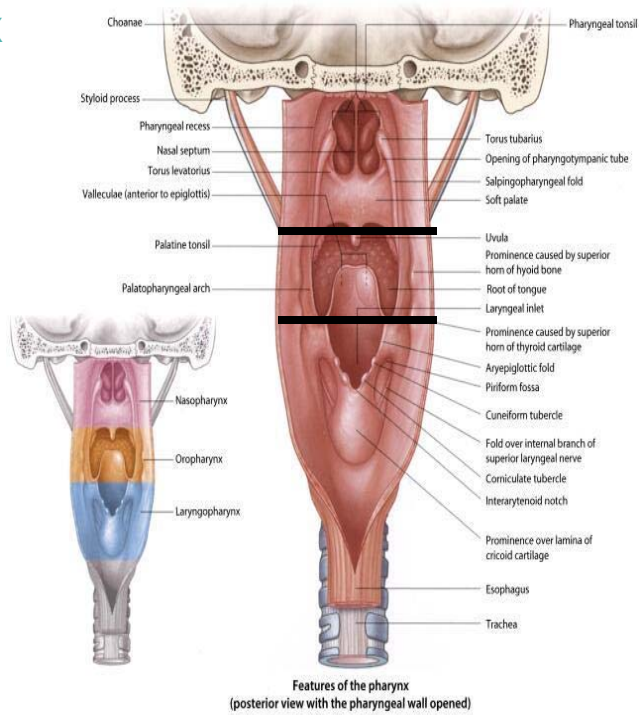
C10.2 Lateral Wall of oropharynx



Features of the pharynx (posterior view with the pharyngeal wall opened)

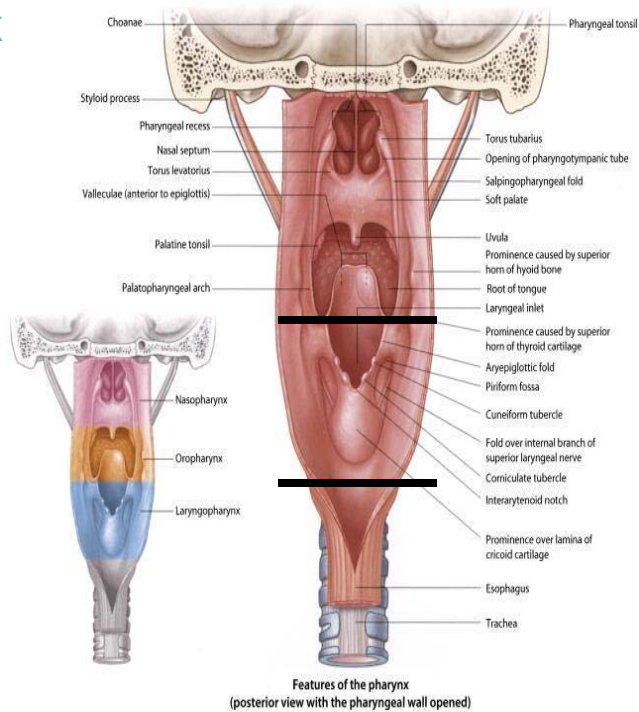
●●●● Anatomy of the Pharynx

- Primary Sites of Oropharynx
- C10.3 Posterior wall of oropharynx
- C10.4 Branchial cleft
- C10.8 Overlapping lesions of oropharynx
- C10.9 Oropharynx, NOS



●●●● Anatomy of the Pharynx

- Nasopharynx
- Oropharynx
- Hypopharynx



●●●● Anatomy of the Pharynx

Primary Sites of Hypopharynx

C13.0 Postcricoid Region

Cricopharynx

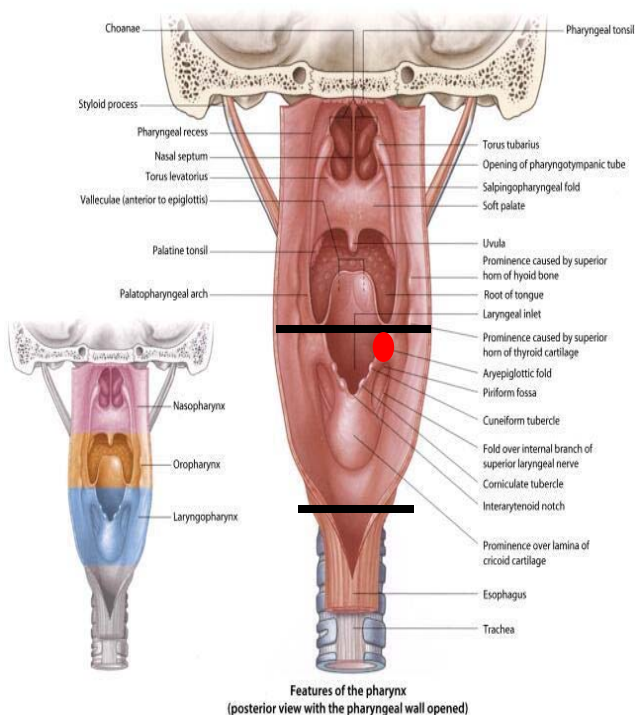
Cricoid

C13.1 Hypopharyngeal aspect of aryepiglottic fold

Arytenoid fold

Arytenoid

C13.2 Posterior wall of hypopharynx



●●●● Anatomy of the Pharynx

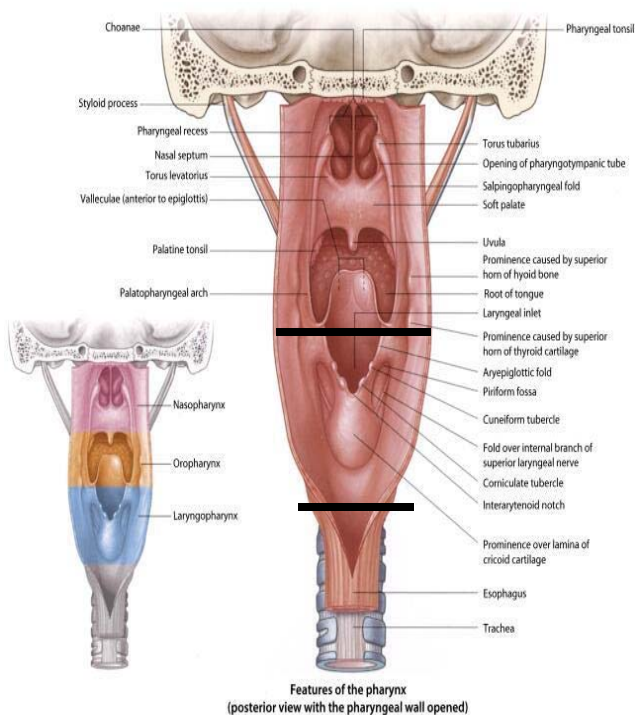
Primary Sites of Hypopharynx

C13.8 Overlapping lesion of hypopharynx

C13.9 Hypopharynx, NOS

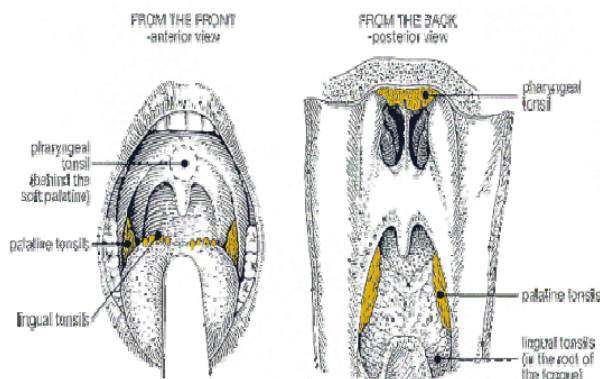
Hypopharyngeal Wall

Laryngopharynx



## ●●●● Anatomy of Pharynx

- C14.0 Pharynx, NOS
  - Pharyngeal wall, NOS
  - Wall of pharynx, NOS
  - Lateral wall of pharynx, NOS
  - Posterior wall of pharynx, NOS
  - Retropharynx
  - Throat
- C14.2 Waldeyer's Ring
- C14.8 Overlapping lesion of lip, oral cavity and pharynx

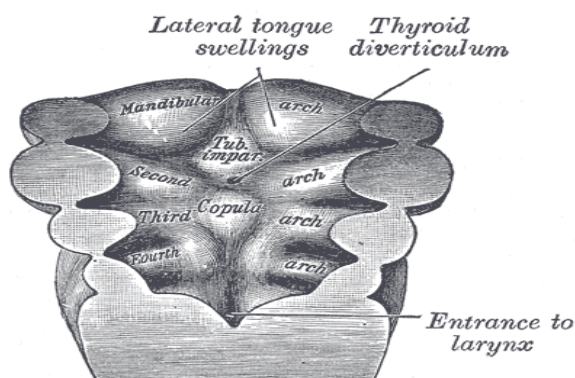


## ●●●● Pop Quiz

True or False?

The Branchial Cleft is considered an anatomical structure within the Oropharynx.

**False**



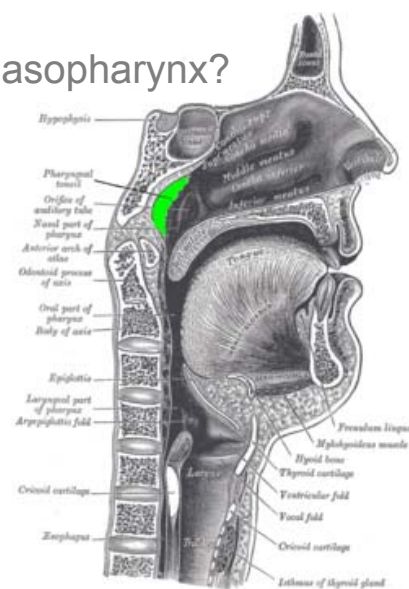


●●●● Pop Quiz

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Which are part of the Posterior wall of the Nasopharynx?

- a) Tonsillar pillars
- b) Tonsillar fossae
- c) Tonsils of the oropharynx
- d) Pharyngeal Tonsils



17

## Head and Neck Lymph Nodes

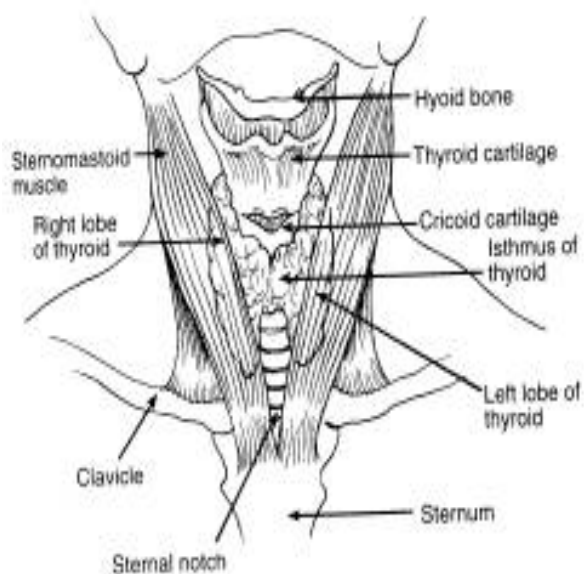


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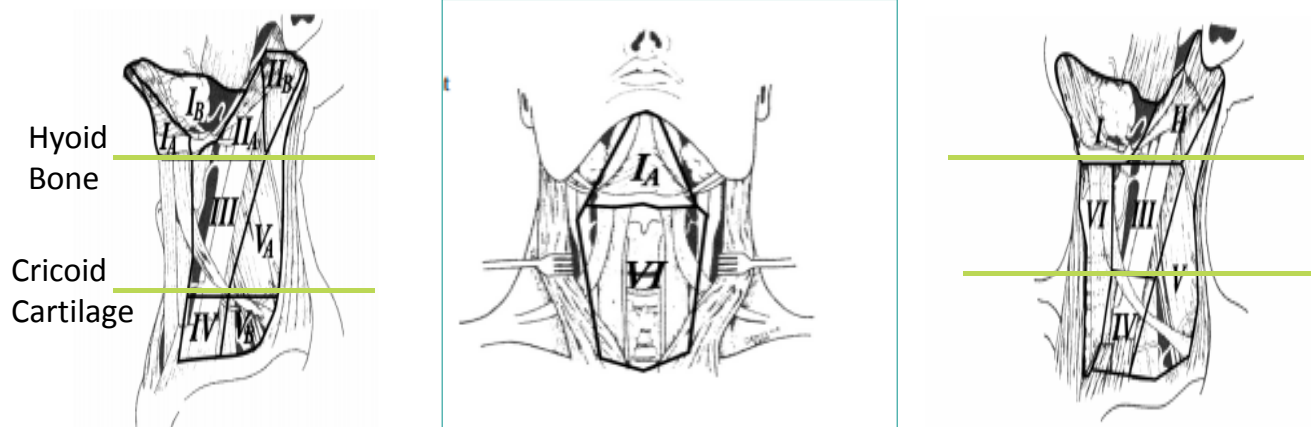
18

### ●●●● Important Landmarks

- Mandible
- Hyoid Bone
- Cricoid Cartilage
- Clavicle
- Internal Jugular Vein



### ●●●● Lymph Node Levels in Head and Neck



## ●●●● Lymph Node Levels in Head and Neck

### Level I

#### Ia: Submental Nodes

Anterior

Middle

Posterior

#### Ib: Submandibular Nodes

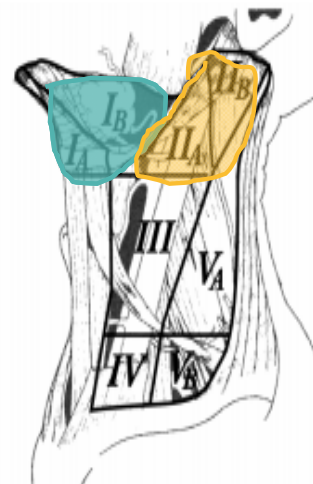
Preglandular

Postglandular

Prevascular

Postvascular

### Level II – Upper Jugular



21

## ●●●● Lymph Node Levels in Head and Neck

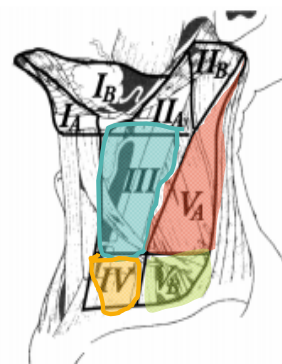
### Level III – Middle Jugular Group

### Level IV – Lower Jugular Group

### Level V – Posterior Triangle Group

Va: Spinal Accessory nodes

Vb: Supraclavicular nodes



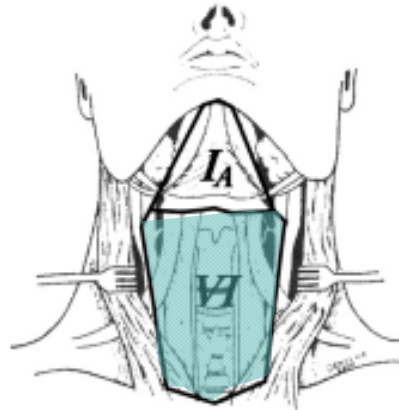
## ●●●● Lymph Node Levels in Head and Neck

### Level VI – Anterior Compartment Group

- Pretracheal
- Paratracheal
- Precricoid (Delphian)
- Perithyroidal

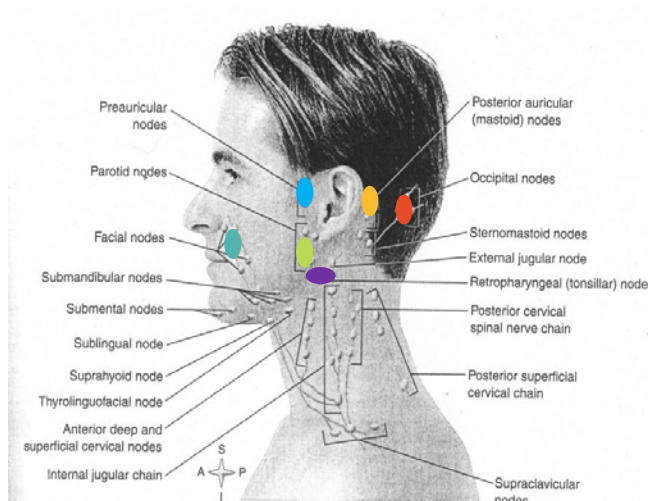
### Level VII – Superior Mediastinal Group

- Pretracheal
- Paratracheal
- Esophageal groove



## ●●●● Other Lymph Node Groups

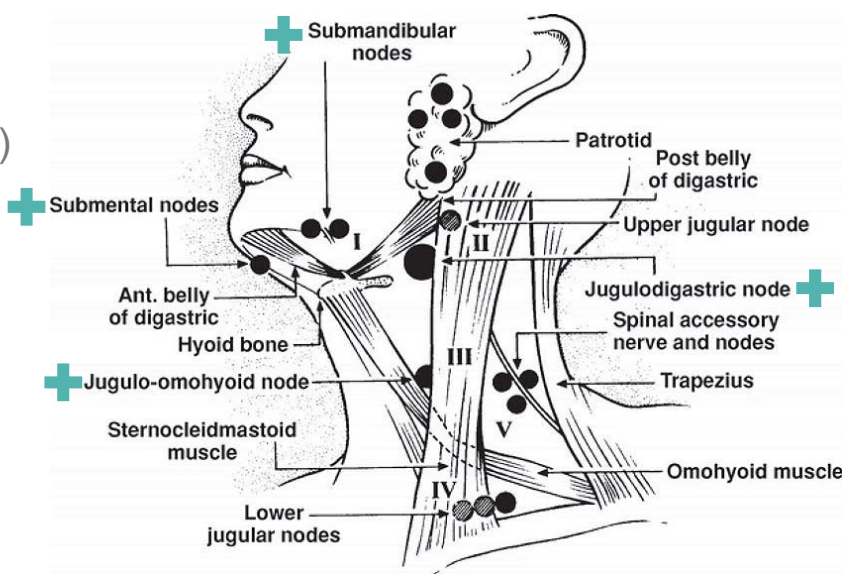
- Facial ●
- Parotid ●
- Mastoid ●
- Occipital ●
- Preauricular ●
- Retropharyngeal ●



## ●●●● Lymph Node Chains of Pharynx

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- Internal Jugular
  - Jugulodigastric (II)
  - Jugulo-omohyoid (III)
  - Upper deep cervical
  - Lower deep cervical
- Submandibular (Ib)
- Submental (Ia)
- Retropharyngeal
- Cervical, NOS



25

## ●●●● Pop Quiz

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- The Posterior Triangle Group consists of which nodes?
  - a) Pretracheal
  - b) Submandibular
  - c) Spinal Accessory
  - d) Delphain

26

## MPH Head and Neck Cancers



27

## Coding Primary Site – Priority Order

1. Tumor Board
  - a. Specialty
  - b. General
  
2. Staging Physician's site assignment
  - a. AJCC staging form
  - b. TNM statement in Med Record

28

  
 Coding Primary Site – Priority Order

3. Total (complete) resection of primary tumor
  - a. Surgeon's statement from op report
  - b. Final diagnosis from path report

29

  
 Coding Primary Site – Priority Order

4. No resection (biopsy only)
  - a. Endoscopy (physical exam with scope)
  - b. Radiation oncologist
  - c. Diagnosing physician
  - d. Primary care physician
  - e. Other physician
  - f. Radiologist impression from diagnostic imaging
  - g. Physician statement based on physical exam (clinical impression)

30

## ●●●● Coding Primary Site – Priority Order



When point of origin cannot be determined

- C02.8 Overlapping lesion of tongue
- C08.8 Overlapping lesion of major salivary glands
- C14.8 Overlapping lesion of lip, oral cavity, and pharynx

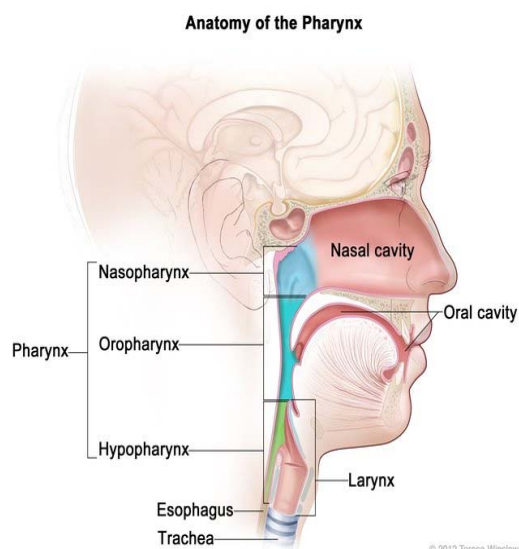
31

## ●●●● Pop Quiz



CT scan shows tumor covering the soft palate and pharyngeal tonsils. Patient refuses all other workup and treatment. What is the primary site code?

- C05.1 – Soft palate, NOS
- C14.8 - Overlapping lesion of lip, oral cavity, and pharynx
- C11.1 – Posterior wall of nasopharynx
- C80.9 – Unknown Primary Site



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32



  
 MP/H Exercise 1

- A patient presents with a history of stage I squamous cell carcinoma of the lingual surface of the epiglottis diagnosed and treated three years ago.
- The patient now presents with a non-keratinizing squamous cell carcinoma on the posterior wall of the oropharynx.
- Is this a new primary?
  1. C10.1 and 8070/3
  2. C10.3 and 8072/3

Per rule M10 this is one primary

33

  
 MP/H Exercise 2

- A patient presents with a history of stage I squamous cell carcinoma of the lingual surface of the epiglottis diagnosed and treated three years ago.
- The patient now presents with an enlarged jugulodigastric lymph node. A biopsy indicates the lymph node is positive for malignancy. The physician indicates this is most likely metastatic from the oropharyngeal primary diagnosed three year ago.
- Is this a new primary?

34



And now a brief pause for...

## An Epi Moment

(insert favorite theme song here)

35

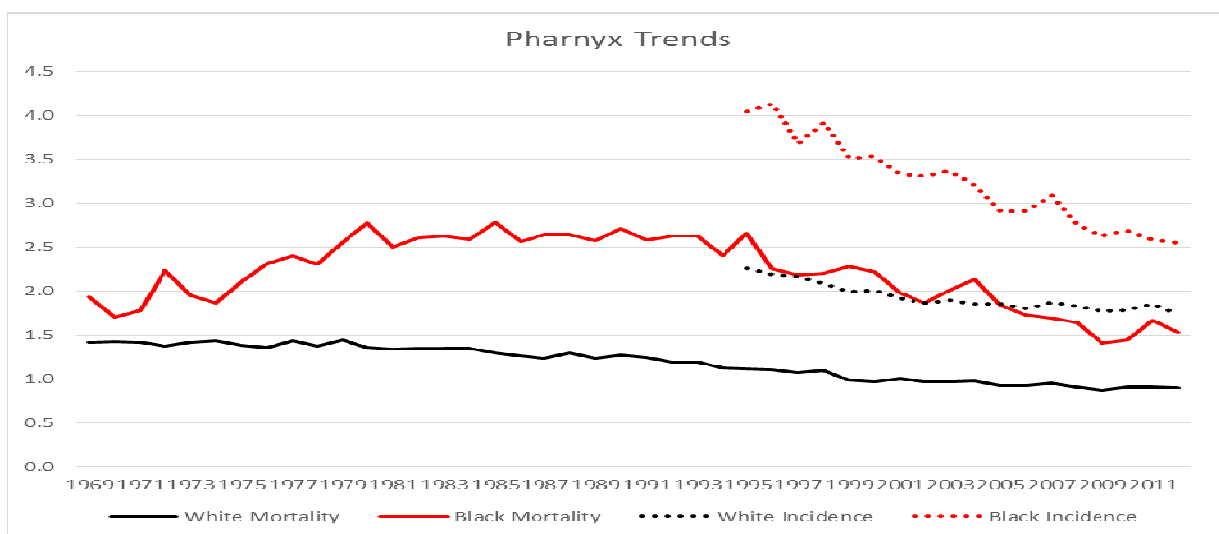
## Epidemiology of Pharynx Cancer

- Rare cancer
- Analyzed with Oral or Head & Neck grouping
  - Tobacco-associated, HPV-associated
  - Rarely alone
- Incidence: 2.0 per 100,000 2008-2012
  - 3.2 (males) 0.9 (females)
  - Males: 4.7 black; 4.6 Asian/PI; 2.9 white; 2.6 AI/AN
- Mortality: 1.0 per 100,000 2008-2012
  - 1.6 (males) 0.5 (females)
  - 2.8 black males; 1.4 white males

36



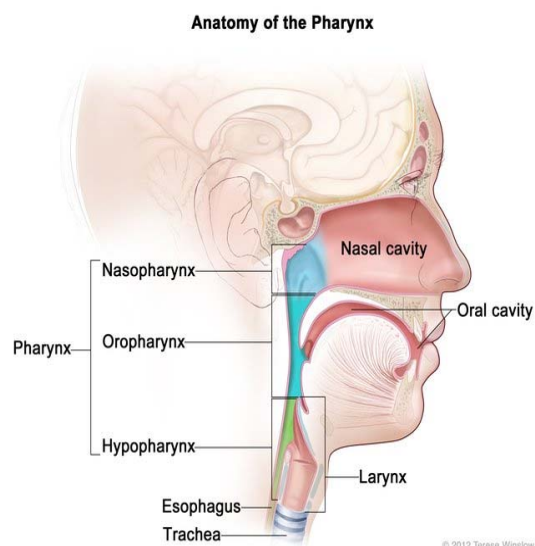
## Pharynx Cancer Trends



Incidence decreasing (1.4% APC); Mortality decreasing (1.2% APC)

## Epidemiology of Pharynx Cancer

- Predominately squamous
  - % adenocarcinoma is increasing
- Three anatomic subsites
  - Nasopharynx: 1.0 black males
  - Oropharynx: 1.2 black males
  - Hypopharynx: 1.9 black males
  - "Other": 0.5 black males
- Asia & Africa have high rates



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## Risk Factors for Pharynx Cancer

- Alcohol & Tobacco (Squamous)
- HPV (Squamous)
- GERD incidence (Adenocarcinoma)
- Occupational exposures (suspected)
- Protective: Diet high in vegetables & fruits
- Geographic
  - Betel quid—stimulant chew in Asia
  - Herbs & salt (nasopharynx) in Asia
  - Maté—stimulant beverage S. America



39

## Pharynx Cancer Prognosis

- 5-year relative survival (reported with oral cancers) 63%
- Prognosis based on stage
  - Lymph node involvement common due to lymph drainage at base of tongue
  - Often progressed to late by the time symptomatic
  - 5 year survival
    - 83% for localized dx (13% of cases)
    - 38% for distant (48% of cases)
- HPV-status associated with improved prognosis
- 2nd primaries are common
- Smoking cessation is associated with improved survival and lower risk of 2nd primary

40



## Nasopharynx

- Subsite with lowest rate
- Risk Factors
  - Epstein-Barr Virus (EBV)--Combined with Asian ancestry(diet)
  - Occupational exposure to formaldehyde (suspected)
- Symptoms
  - Nodes in neck, epistaxis &/or obstruction, hearing loss & issues, sore throat, headache, face pain/numbness, repeated ear infections, hoarseness
- Treatment—radiation, chemo, targeted therapy
- Prognosis
  - Tumor size, stage, lymph node involvement (neck)
  - Small tumors 80-90% 5 year survival
  - 50-70% 5 year survival without lymph involvement

41



## Oropharynx

- Often reported with oral
- Risk Factors
  - Tobacco & Alcohol (heavy)
    - Betel quid, East Asians genetically metabolize alcohol differently
  - HPV—63%
- Symptoms
  - Pain, dysphagia, weight loss, neck mass
- Treatment—surgery, radiation, chemo, targeted therapy
- Prognosis—poorest of all subtypes (54% metastatic)
  - HPV status: + is good regardless of other factors i.e. nodal involvement
  - Smoking hx, stage, and nodal involvement

42



## Hypopharynx

- Subsite with highest rate, often reported with larynx
- Risk Factors
  - Tobacco & alcohol
  - HPV
  - Plummer-Vinson or Paterson-Kelly syndrome—iron deficiency
  - GERD suspected risk factor (adenocarcinoma—both rising)
  - Asbestos
- Symptoms
  - Sore throat or ear pain; change in voice; dysphagia
- Treatment—surgery, radiation, chemo
- Prognosis
  - Stage, age, location, lymph node involvement

43



## CURRENT CINA Research

**Ongoing:** State-level changes in the incidence of HPV-associated anal and oropharyngeal cancers in the US

**Publications:**

*Examining the incidence of Human Papillomavirus-associated head & neck cancers by race & ethnicity in the US, 1995-2005* (Cole, Polfus, Peters)  
PloS One 2012.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3308956/>

*Annual Report to the Nation on the Status of Cancer, 1975-2009, featuring the burden and trends in human papillomavirus(HPV)-associated cancers and HPV vaccination coverage levels.*

(Jemal, Simard, Dorell, Noone, et al) J Natl Cancer Inst, 2013.

<http://jnci.oxfordjournals.org/content/105/3/175.long>

44



# Questions?



Quiz 1

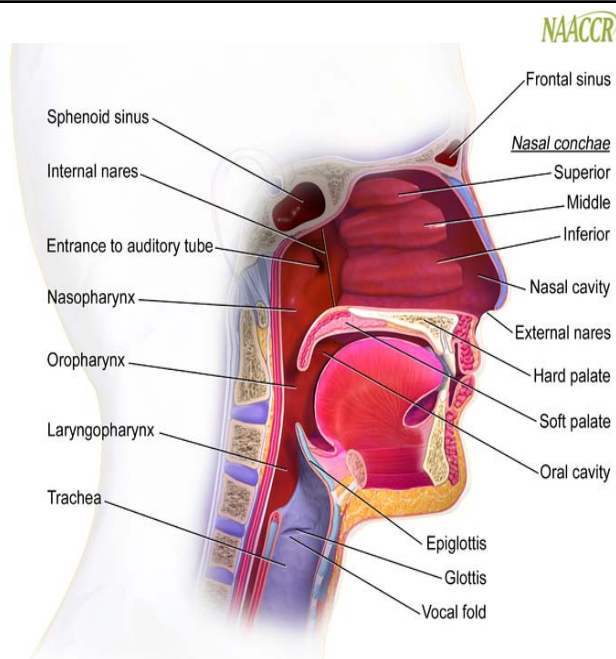


# SEER Summary Stage



●●●● Nasopharynx-pg 56

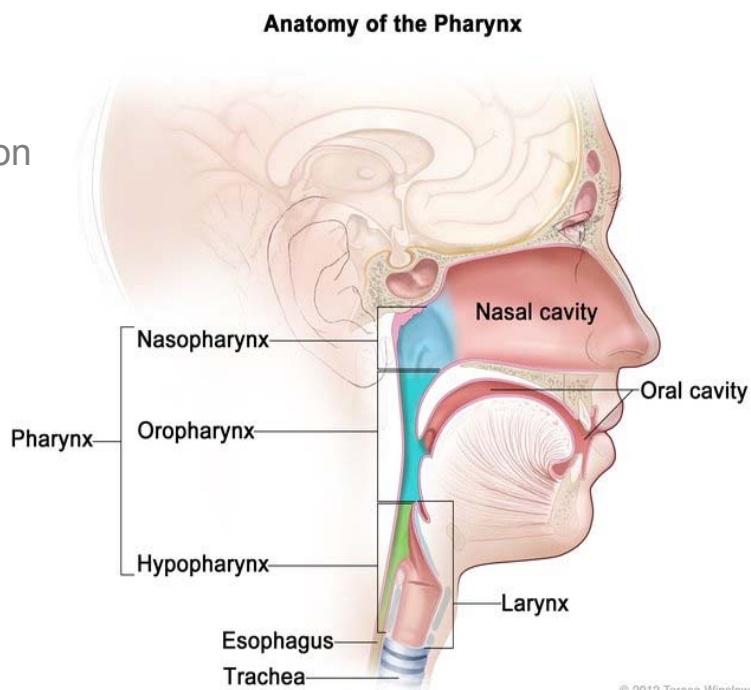
- In situ
- Localized
  - Confined to one subsite
    - Inferior wall (superior surface of the soft palate)
    - One lateral wall
    - Posterior superior wall
  - Involvement of two or more subsites
    - Lateral wall extending into the eustachian tubes
    - Posterior, inferior, or lateral walls



The Upper Respiratory System

●●●● Nasopharynx

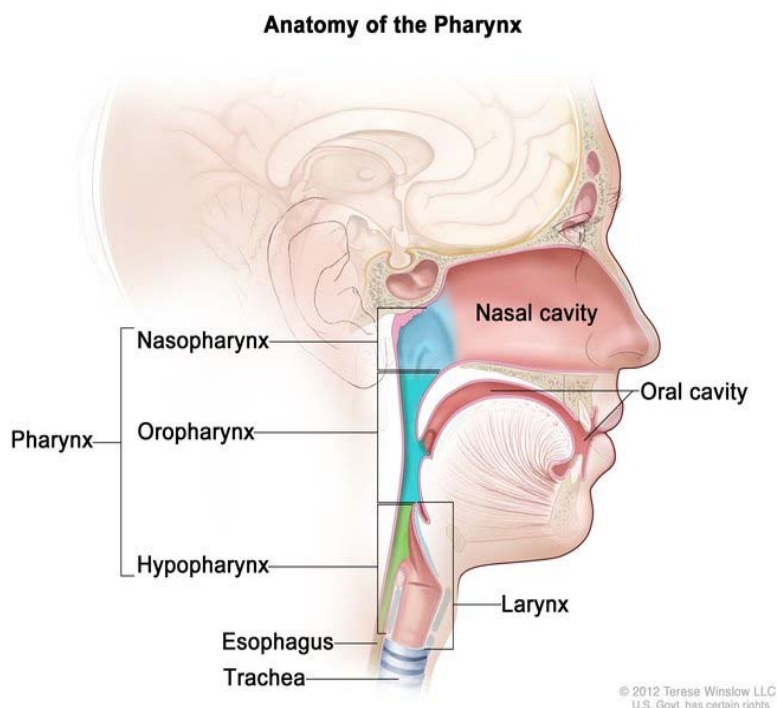
- Regional by direct extension
  - Bone including skull
  - Hard palate
  - Nasal Cavity
  - Oropharynx
  - ...
- Regional lymph nodes
  - Cervical, NOS
  - Internal jugular
    - Deep cervical
    - Jugulodigastric.
  - Retropharyngeal
  - ....





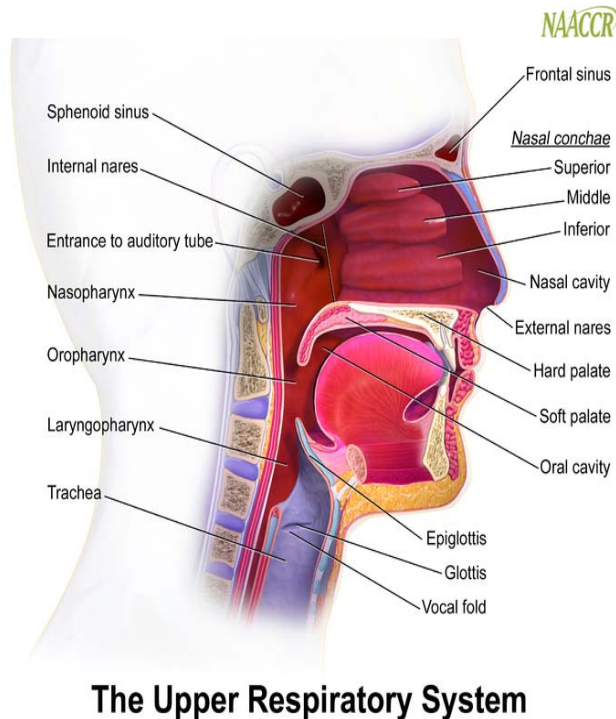
●●●●● Nasopharynx

- Distant lymph nodes
  - Mediastinal
  - Supraclavicular
  - Supraclavicular fossa
  - ...
- Direct extension to
  - Brain
  - Cranial nerves
  - Soft tissues of the neck
  - ...



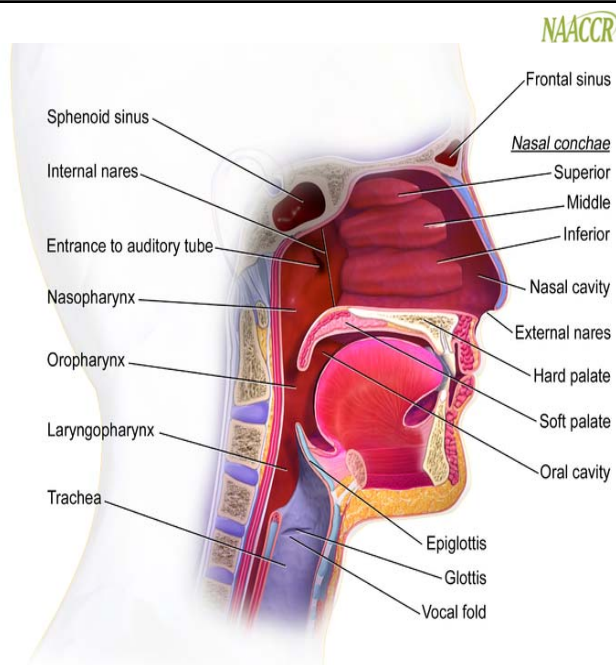
●●●●● Oropharynx-pg 54

- In situ
- Localized
  - Confined to on subsite
    - Anterior wall
    - One lateral wall
    - Posterior wall
  - Involvement of two subsites
    - Anterior, lateral, or posterior



●●●●● Oropharynx

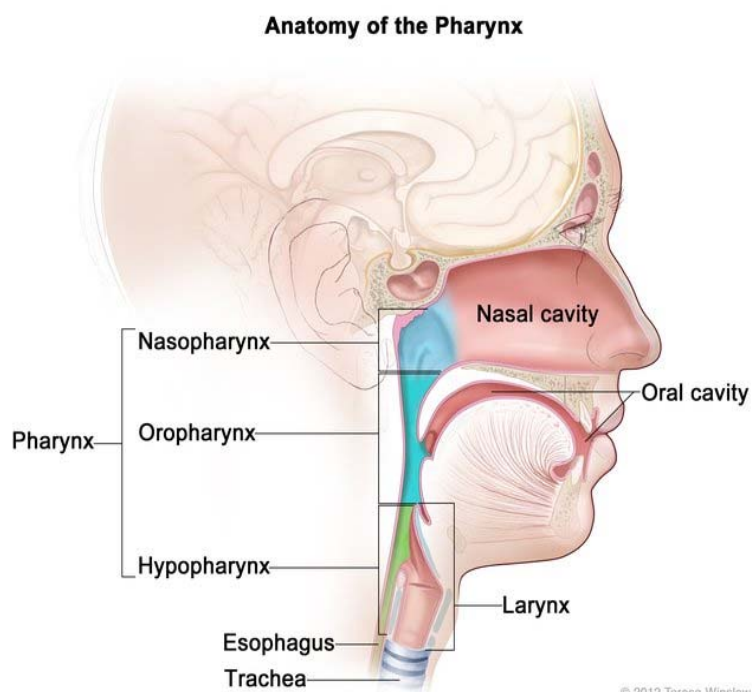
- Regional by direct extension
  - Base of tongue
  - Buccal mucosa
  - Nasopharynx
  - Soft palate
  - Soft tissue of the neck
  - ...
- Regional lymph nodes
  - Cervical
  - Internal jugular
  - Mandibular
  - Retropharyngeal
  - ...



The Upper Respiratory System

●●●●● Oropharynx

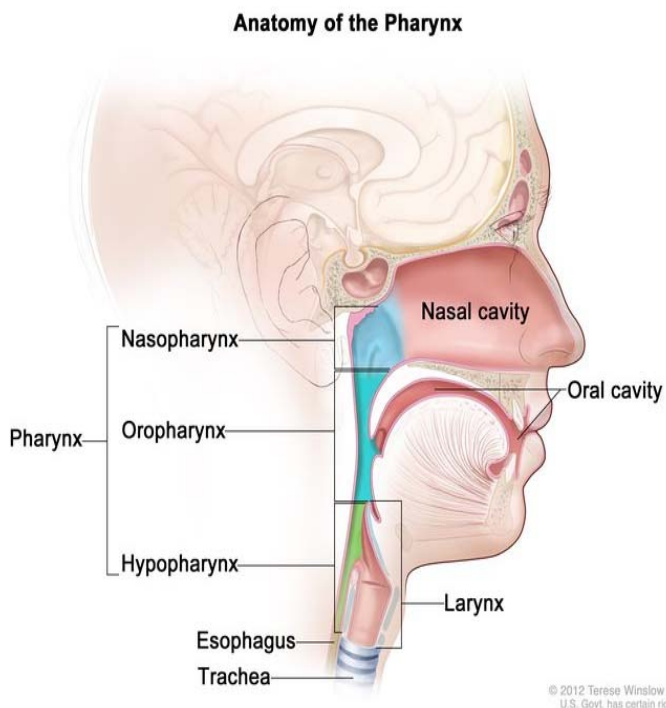
- Distant Mets
  - Lymph Nodes
    - Mediastinal lymph
    - Supraclavicular
    - Other
  - Extension to:
    - Anterior 2/3 of tongue
    - Bone
    - Extrinsic muscles of the tongue
    - Hard palate
    - Mandible
    - Parotid gland



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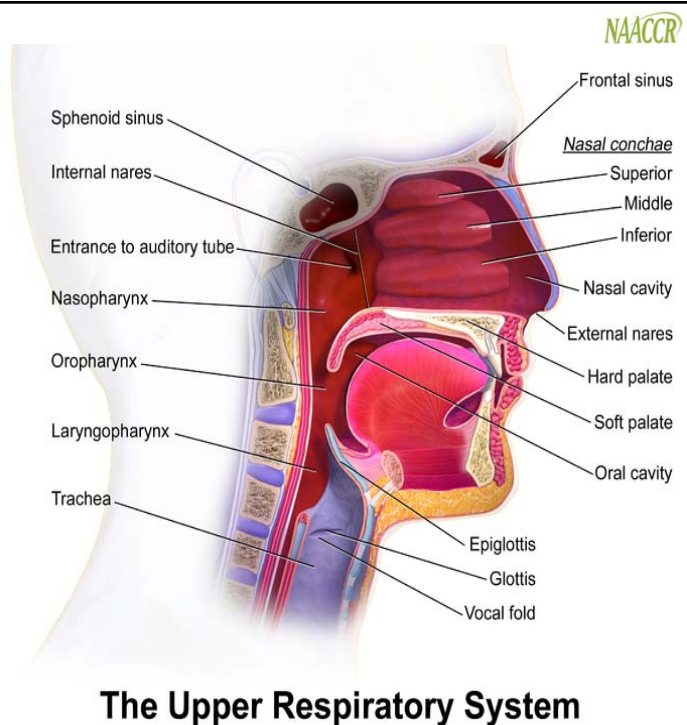
●●●● Hypopharynx-pg 58

- In situ
- Localized
  - Confined to one of the following subsites
    - Confined to laryngopharynx (hypopharynx, nos)
    - Post cricoid area
    - Posterior pharyngeal wall
    - Pyriform sinus
  - Involves adjacent sites without fixation



●●●● Hypopharynx

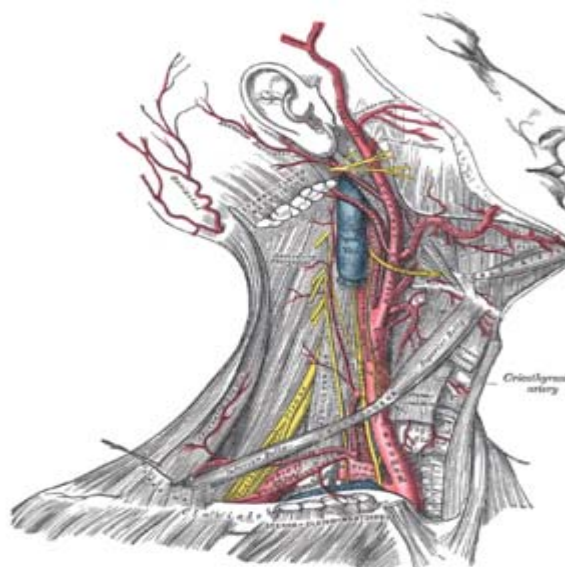
- Regional by direct extension
  - Carotid artery
  - Cricoid cartilage
  - Esophagus
  - ....
- Regional lymph nodes
  - Cervical
  - Internal jugular
  - Mandibular
  - Paratracheal
  - ...



## ●●●● Hypopharynx

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- Distant Lymph Nodes
  - Mediastinal
  - Supraclavicular
  - Other distant lymph nodes
- Extension to:
  - Base of tongue
  - Floor of mouth
  - Nasopharynx



55

## TNM Stage



Pharynx

C01.9; C02.4; C05.1-2; C09.0-1,8-9; C10.0,2-4,8-9; C12.9; C13.0-2; C13.8-9

Pg 41 of your AJCC Staging Manual

NAACCR

56

 Rules for Classification

- Clinical
  - Endoscopy
  - Palpation
  - Neurologic evaluation of cranial nerves
  - Imaging
    - Cross sectional
      - MRI
      - CT

57

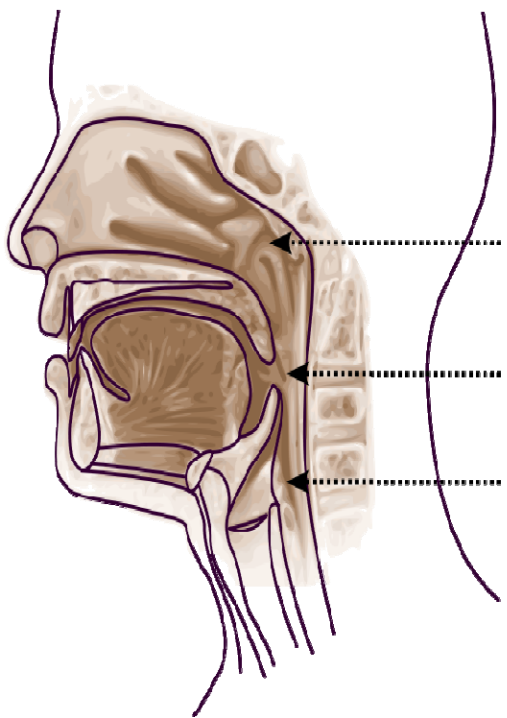
 Rules for Classification

- Path
  - Clinical information +
  - Surgically resected specimen including surgeons description of any gross unresected residual tumor.
  - Surgically removed lymph nodes.
    - Should include size, number, level of involvement, and presence of any extracapsular extension

58

●●●● Pharynx

- Primary Tumor
  - Nasopharynx
  - Oropharynx
  - Hypopharynx
- Regional Lymph Nodes
  - Nasopharynx
  - Oropharynx and Hypopharynx
- Distant Metastasis
  - Pharynx
- Stage/Prognostic Groups
  - Nasopharynx
  - Oropharynx and Hypopharynx



Nasopharynx

Oropharynx

Laryngopharynx

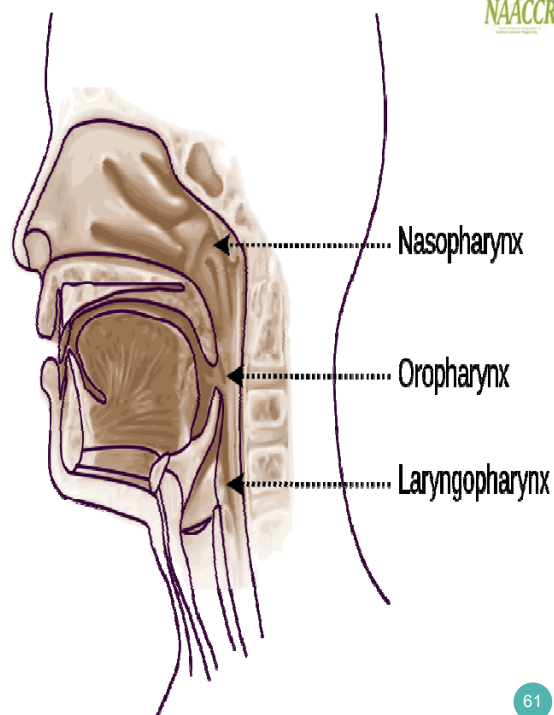
59

●●●● Primary Tumor (T)

60

## Nasopharynx

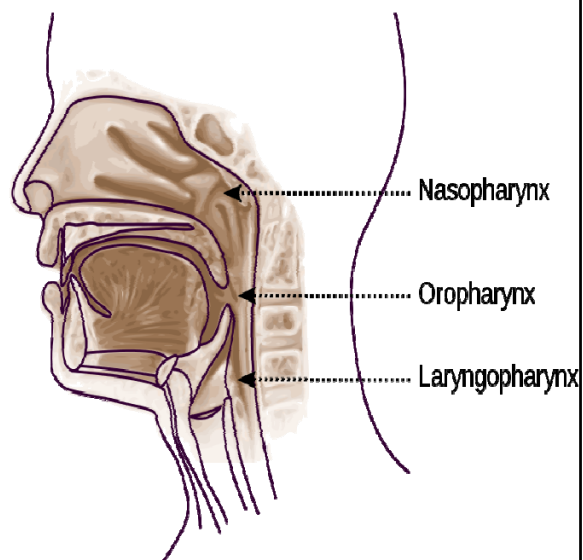
- Things to look for...
  - Confined to the nasopharynx or nasal cavity
  - Parapharyngeal extension
  - Invasion of bony structures and/or paranasal sinuses
  - Intracranial extension
  - Involvement of cranial nerves
  - Orbit
  - Infratemporal fossa



61

## Oropharynx

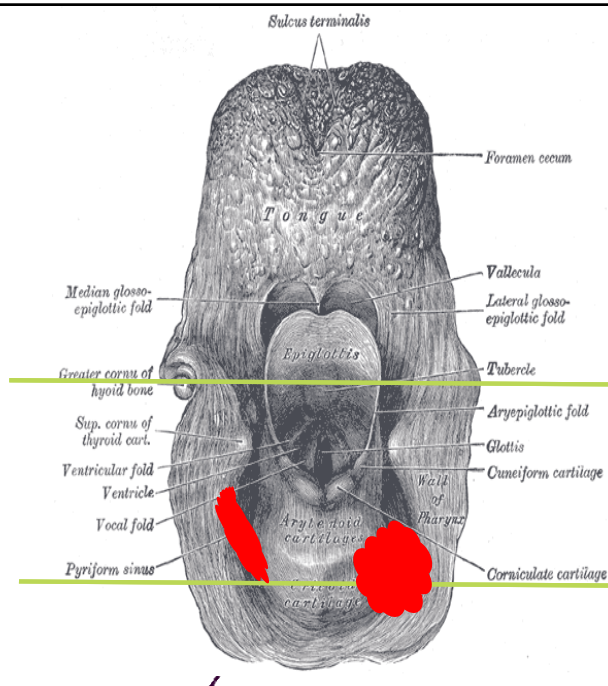
- Things to look for...
  - Tumor Size
    - Less than or equal to 2cm
    - 2-4cm
    - Greater than 4cm
  - Extension to the lingual space of the epiglottis
  - Moderately advanced disease
  - Very advanced disease



62

## Hypopharynx

- Things to look for...
  - How many subsites are involved?
    - Pyriform sinus
    - Postcricoid area
    - Lateral and posterior pharyngeal wall
- Are any adjacent sites involved?
- Tumor Size
- Moderately advanced
- Very advanced



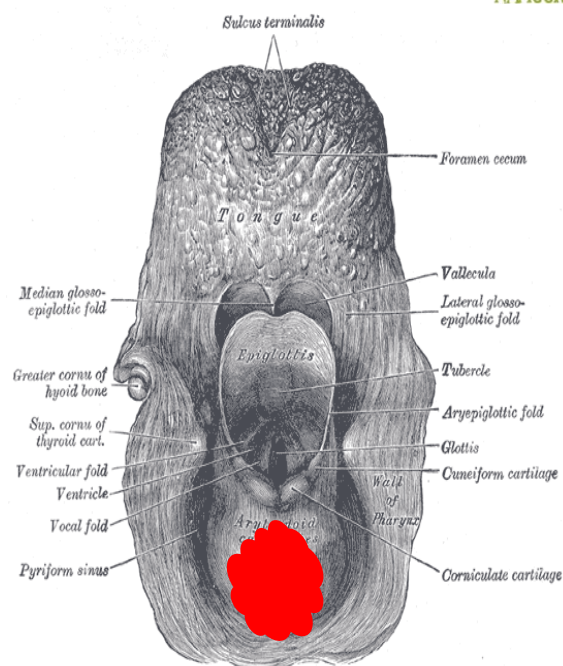
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63

## Pop Quiz

- Cross sectional imaging shows a 3cm tumor located in the post-cricoid region of the hypopharynx. The tumor extends into the esophagus and thyroid cartilage.
- What T value would we assign?

cT4a



64



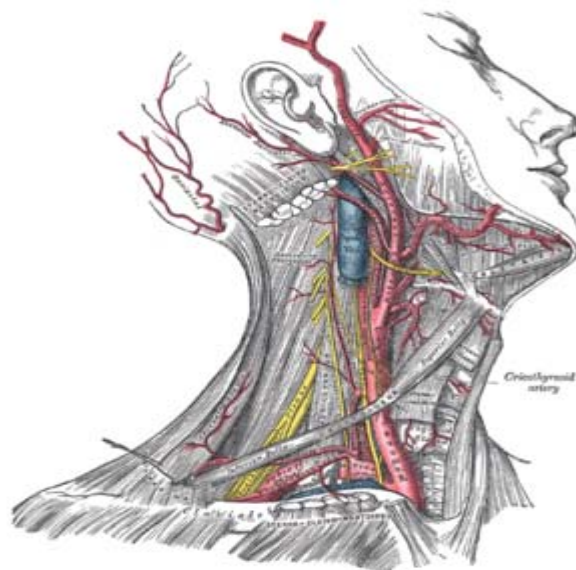
## Regional Lymph Nodes (N)



65

### Nasopharynx

- What to look for...
  - Retropharyngeal Nodes
    - Rouviere's node
  - Laterality
  - Size of the metastatic lymph node
    - More or less than 6cm
  - Extension beyond the supraclavicular fossa

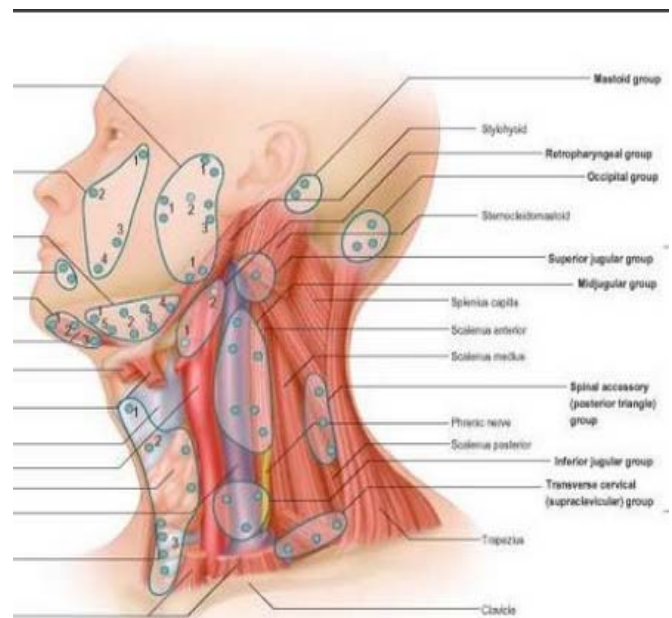
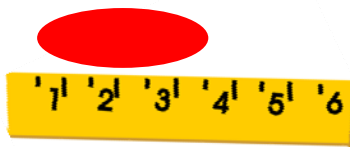


66

## Oropharynx and Hypopharynx

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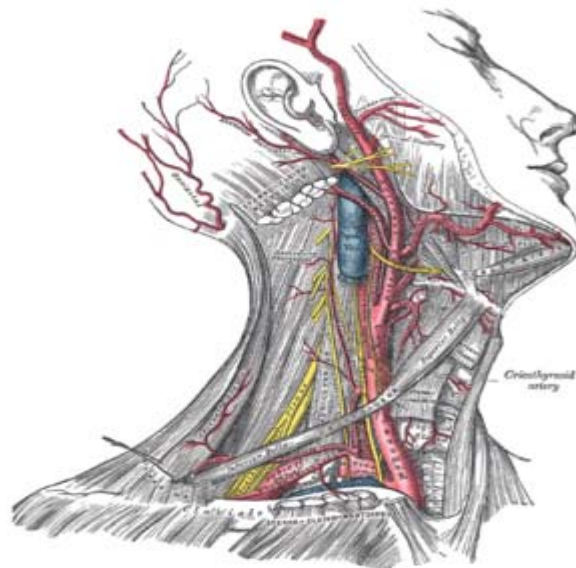
- Things to look for...
  - Jugulodigastric
  - Superior/mid deep cervical
  - Number of nodes involved
  - Size of the metastatic lymph node
  - Ipsilateral vs bilateral



## Distant Metastasis

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- Most common site is lung
- Liver
- Bone
- Distant Lymph Nodes



68

SSF's

- SSF 1-Size of Lymph Nodes
- SSF 3-Levels I-III, Lymph Nodes for Head and Neck
- SSF 4-Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck
- SSF 5-Levels VI-VII and Facial Lymph Nodes for Head and Neck
- SSF 6-Parapharyngeal, Parotid, and Suboccipital/Retroauricular Lymph Nodes for Head and Neck
- SSF 9-Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck
- SSF 10-Human Papilloma Virus (HPV) Status

69

Staging Example

- Patient presents with pain when swallowing. A fiber optic exam showed a 3.5cm lesion confined to the posterior hypopharyngeal wall. Cross sectional MRI confirmed the tumor was confined to the pharyngeal wall. Imaging also showed a single 3cm upper jugulodigastric lymph node highly suspicious for malignancy. No additional malignancy identified.

70



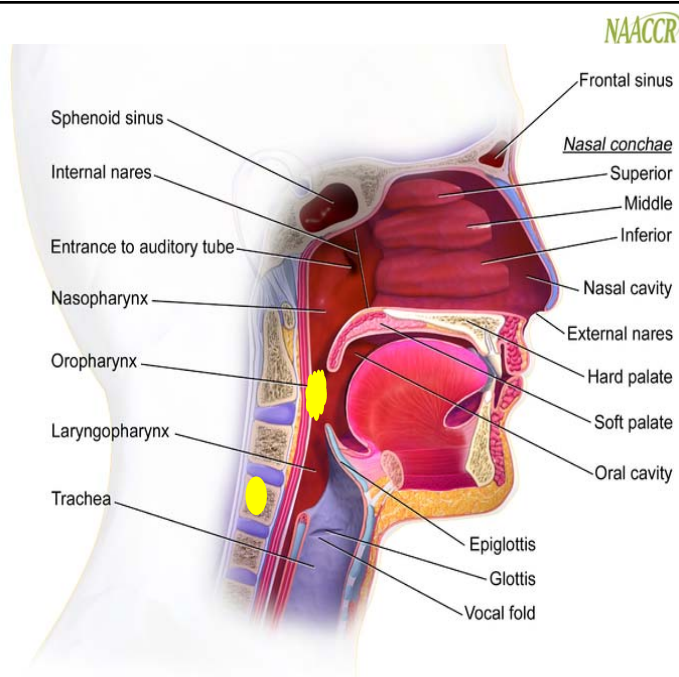
●●●● Example

- The patient was treated with transoral resection of the of the tumor and a selective neck dissection (levels 1-3). This was followed by IMRT to the neck and weekly cisplatin.
- Path Report:
  - Primary tumor: 3.0x3.4x3.2cm squamous cell carcinoma with negative margins.
  - Lymph nodes: Total of 21 lymph nodes removed
    - Level I- 1 of 7 lymph nodes positive lymph nodes
      - Size of metastasis within the lymph node: 3.2cm
      - Extracapsular lymph node metastasis present: Yes
    - Level II- 0 of 8 of positive lymph nodes
    - Level III- 0 of 6 positive lymph nodes

71

●●●● Staging Example

- Summary Stage      3 Regional to lymph nodes
- Clinical Stage      cT2 cN1 cM0  
Stage III
- Pathologic Stage    pT2 pN2a pM  
Stage IVA
- SSF 1      032
- SSF 3      100
- SSF 4      000
- SSF 5      000
- SSF 6      000
- SSF 9      030
- SSF 10     999



The Upper Respiratory System





# Questions?



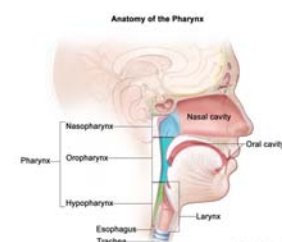
# Treatment



## ●●●● Treatment



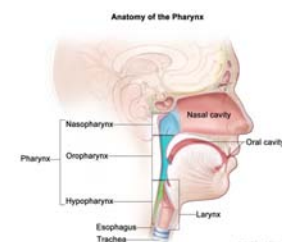
- Unresectable
  - When a tumor cannot be completely removed by surgery
  - Surgery will not achieve localized control of disease
- Inoperable
  - There are comorbid conditions that limit their ability to withstand surgery



## ●●●● Treatment - Surgery



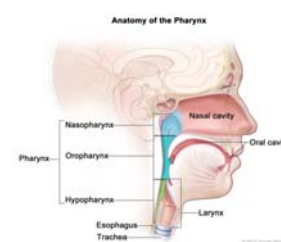
- Salvage Surgery
  - Done after tumor does not respond to standard treatment or patient cannot tolerate other available therapies



## ●●●● Treatment - Surgery



- 20 Local tumor excision
  - 27 Excisional biopsy
- 30 Pharyngectomy, NOS
  - 31 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
  - 32 Total pharyngectomy

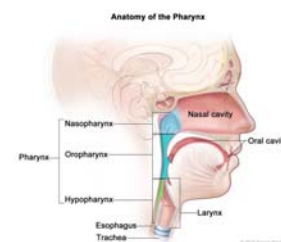


77

## ●●●● Treatment - Surgery



- 40 Pharyngectomy WITH laryngectomy or removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)
  - 41 WITH Laryngectomy (laryngopharyngectomy)
  - 42 WITH bone
  - 43 WITH both 41 and 42

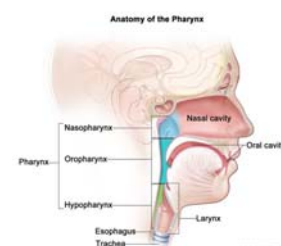


78

## ●●●● Treatment - Surgery



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

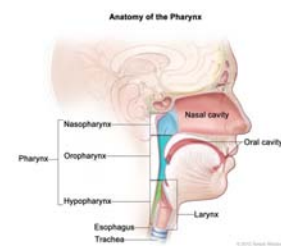


79

## ●●●● Treatment - Radiation



- Radiation Therapy is used in treating head and neck cancers
  - External Beam Radiation
    - IMRT (31)
    - 3-D Conformal (32)



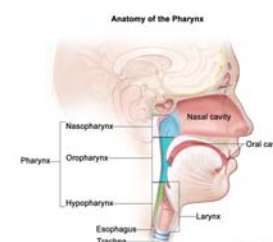
80



## ●●●● Treatment - Chemotherapy



- Most Commonly Used
  - Cisplatin
  - 5-FU
  - Hydroxyurea
  - Paclitaxel and docetaxel
  - Epirubicin
- Induction Chemo
  - Docetaxel/Cisplatin/5-FU



81

## ●●●● Treatment - Chemotherapy



| Code | Definition  |
|------|---|
| 00   | Chemo not part of planned first course                                  |
| 01   | Chemo administered, but type and number of agents not documented        |
| 02   | Single agent chemo administered   |
| 03   | Multiagent chemo administered   |
| 82   | Chemo not recommended/administered – contraindicated                    |
| 85   | Chemo not administered – patient died                                   |
| 86   | Chemo not administered – recommended by physician, but not first course |
| 87   | Chemo not administered – recommended by physician, but refused          |
| 88   | Chemo was recommended – unknown if administered                         |
| 99   | Unknown whether a chemo agent was recommended or administered or DCO    |

82

## ●●●● Pop Quiz



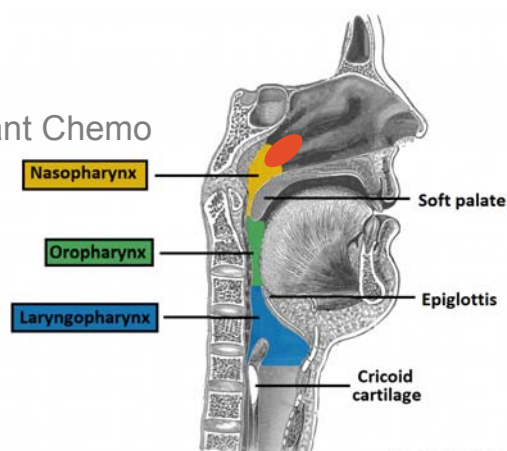
- Patient has an oropharynx cancer. Operative report states that the surgeon removed a portion of the oropharynx and the larynx.
- What is the surgery code?  
**Code 41: Pharyngectomy with Laryngectomy**

83

## ●●●● Treatment - Nasopharynx



- T1, N0, M0
  - Definitive RT and Elective RT to neck
- T1, N1-N3 ; T2-T4 with any N
  - Concurrent Chemo/RT followed by adjuvant Chemo
  - Concurrent Chemo/RT only
  - Induction Chemo followed by Chemo/RT
- Any T, Any N, M1
  - Platinum based combination Chemo
  - Concurrent Chemo/RT

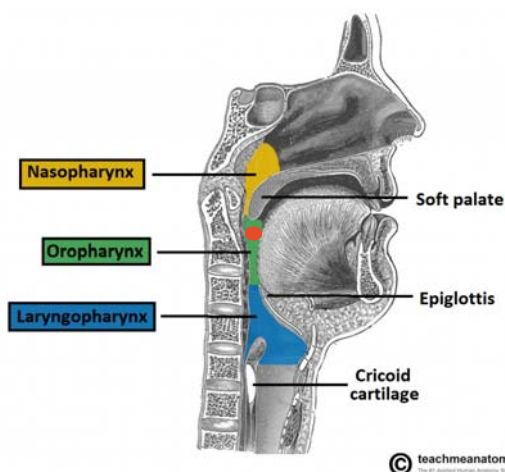


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84

## ●●●● Treatment - Oropharynx

- T1-2, N0-1
  - Definitive RT
  - Resection of primary with/without ipsilateral or bilateral neck dissection
  - RT + systemic therapy (T2, N1 only)
  - Multimodality clinical trials



85

## ●●●● Treatment - Oropharynx

- T3-4a, N0-1
  - Concurrent systemic therapy or RT
  - Resection of primary and neck
  - Induction chemo followed by RT or Systemic therapy/RT
  - Multimodality clinical trials

86



## Treatment - Oropharynx



- Any T, N2-3
  - Concurrent systemic therapy or RT
  - Induction chemo followed by RT or Systemic Therapy/RT
  - Resection of primary and neck
    - Resection of primary, ipsilateral/bilateral neck dissection (N2a-b; N3)
    - Resection of primary, bilateral neck dissection (N2c)
  - Multimodality clinical trials

87



## Treatment - Oropharynx



- T4b, any N or Unresectable nodal disease or Unfit for surgery
- Metastatic M1 disease at initial presentation
  - Clinical trial preferred

88



## Treatment - Hypopharynx



- Most T1, N0, selected T2, N0
  - Definitive RT
  - Partial laryngopharyngectomy with ipsilateral/bilateral neck dissection

89



## Treatment - Hypopharynx



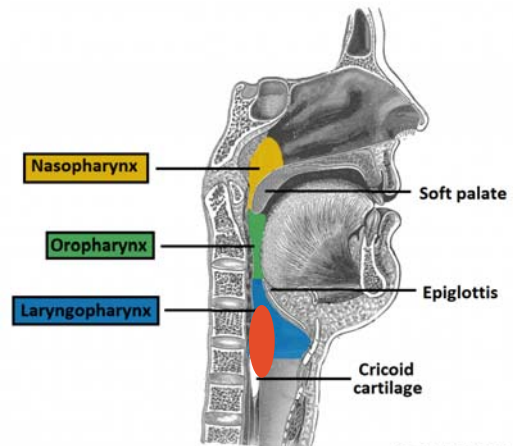
- T2-3, any N
  - Induction Chemo
  - Laryngopharyngectomy and neck dissection (Level VI)
  - Concurrent systemic therapy/RT

90

## ●●●● Treatment - Hypopharynx

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- T4a, any N
  - Surgery with neck dissection
  - Induction Chemotherapy
  - Concurrent systemic therapy/RT



91

## ●●●● Pop Quiz

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True or False?

- According to the NCCN guidelines, surgery is not recommended treatment for Nasopharynx tumors?

True

92

Treatment Example

- Patient presents pain when swallowing. A fiber optic exam showed a 3.5cm lesion confined to the posterior pharyngeal wall. Cross sectional MRI confirmed the tumor was confined to the pharyngeal wall. Imaging also showed a single 3cm upper jugulodigastric lymph node highly suspicious for malignancy. No additional malignancy identified.

93

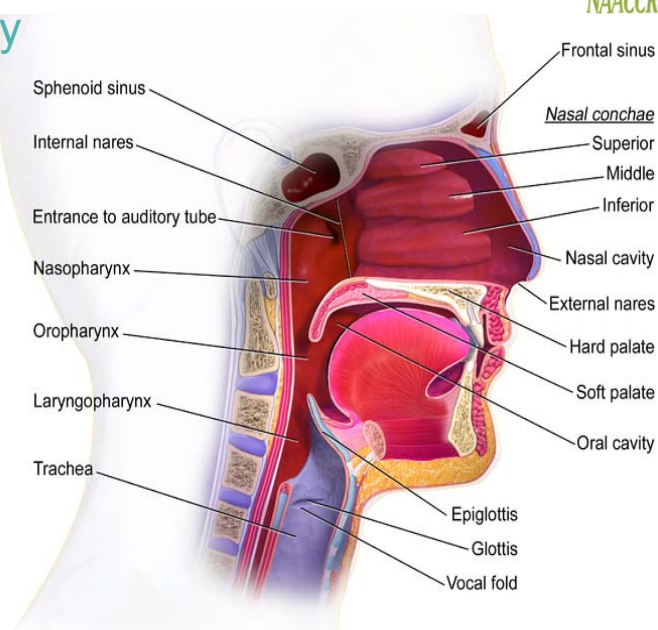
Treatment Example

- The patient was treated with transoral resection of the of the tumor and a selective neck dissection (levels 1-3). Per the operative report no gross residual tumor was left.
- This was followed by IMRT to the neck and concurrent weekly cisplatin.
  - Radiation summary: IMRT delivered to the oropharyngeal complex and regional lymph nodes. The patient received 5 treatments per week in 2.4Gy fractions for 6 weeks.

94

## ●●●● Treatment Example: Surgery

- Surgery of Primary Site: **27**
- Scope of Regional Lymph Node Surgery: **3**
- Surgical Procedure/Other Site: **0**



**The Upper Respiratory System**

## ●●●● Treatment Example: Radiation/Systemic

- Volume **05**
- Regional modality **31**
- Regional dose **07200**
- Number of treatments **30**
- Radiation/surgery sequence **3**
- Chemotherapy **02**
- Systemic/surgery sequence **3**





## Questions?



Quiz 2 and Case Scenarios

97



## Coming Up...

- Directly Coded Cancer Stage...NOW
  - 12/3/15
- Collecting Cancer Data: Bone and Soft Tissue
  - 1/7/16

98

●●●● And the winners are...

NAACCR



●●●● CE Certificate Quiz/Survey

NAACCR

- Phrase
- Link
  - <http://www.surveygizmo.com/s3/2415661/Pharynx-2015>

100