

Pharynx

NAACCR 2018-2019 WEBINAR SERIES

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Q&A

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

If you have participants watching this webinar at your site, please collect their names and emails

We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

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Fabulous Prizes

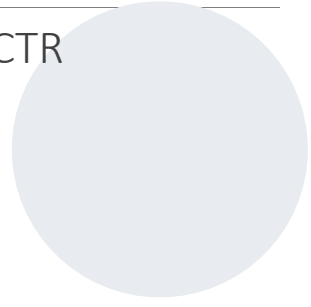


3



Guest Speaker

Wilson Apollo, Radiation Therapist and CTR

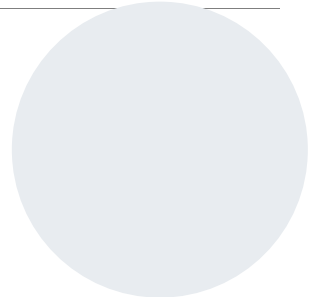


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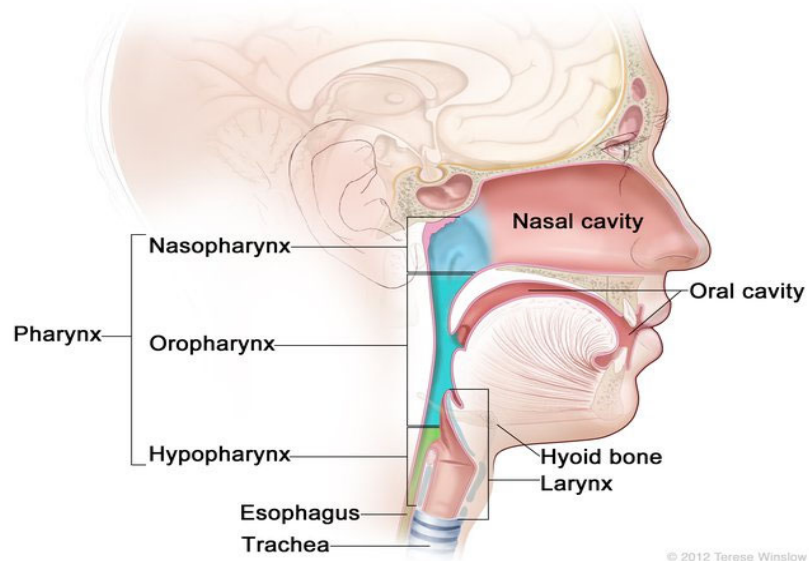
Agenda

- Anatomy
- Occult Tumors of Head and Neck
- Solid Tumor Rules
- Staging
 - AJCC
 - Summary Stage
 - EOD
 - SSDI
- Radiation

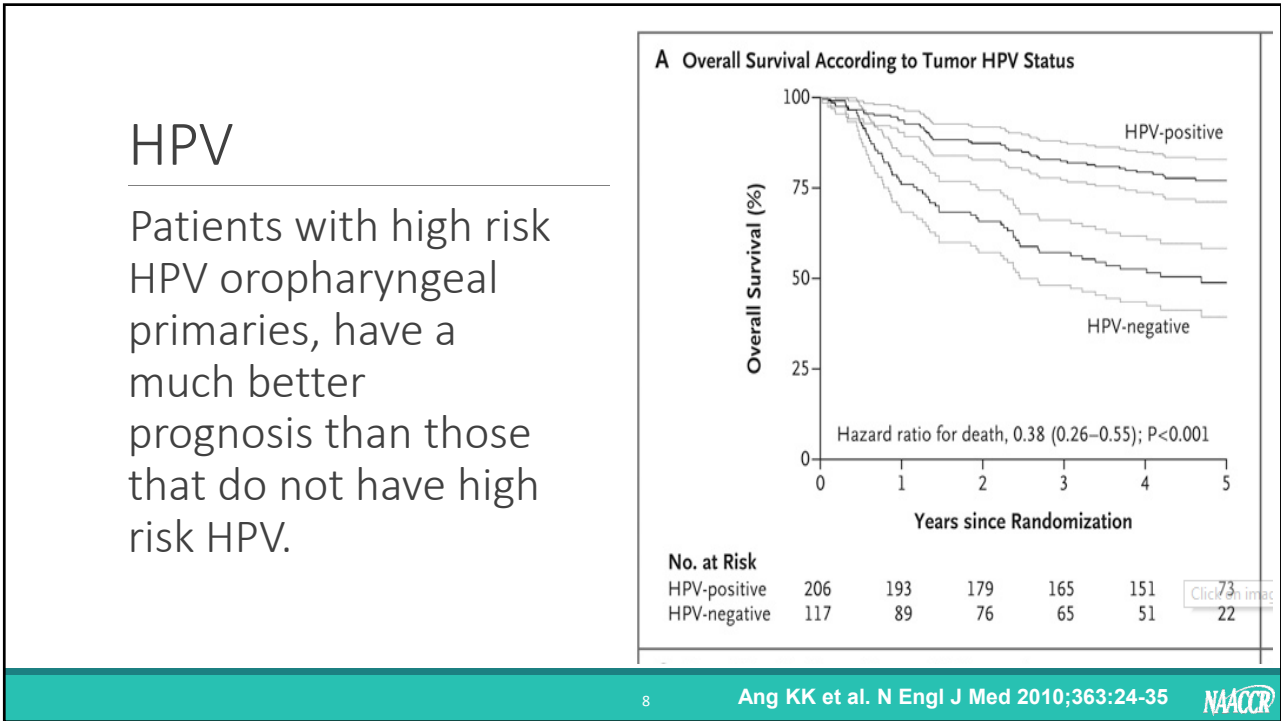
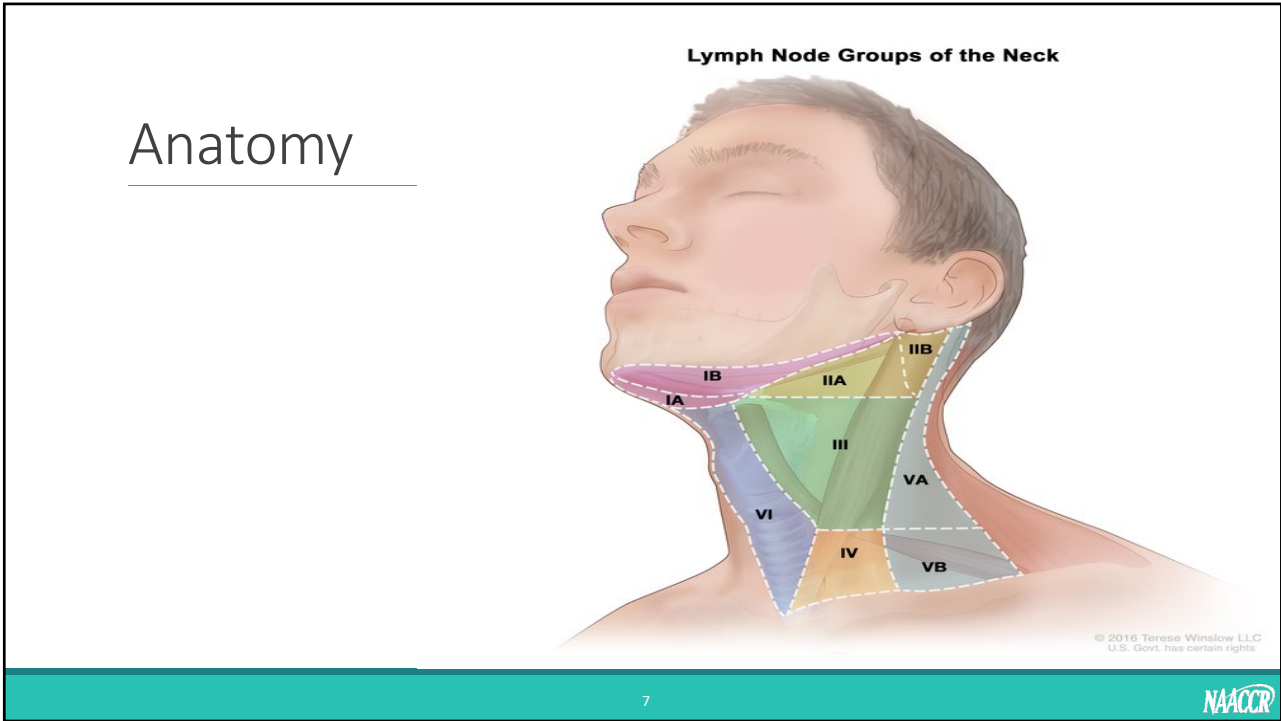


Anatomy

Anatomy of the Pharynx



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HPV Testing

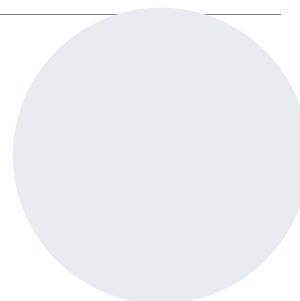
P16 Overexpression

Viral DNA by ISH test

Viral DNA by PCR test

ISH E6/E7 RNA test

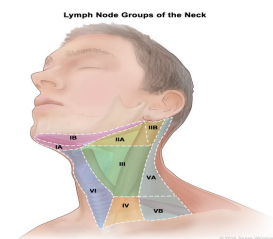
RT-PCR E6/E7 RNA test



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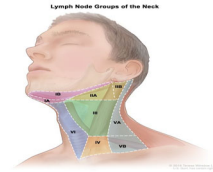
Occult Tumors of Head and Neck



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2018 Case Scenario



Patient presents with an enlarged cervical lymph node.

- The lymph node is excised and is positive for squamous cell carcinoma.
 - Metastatic deposit measured 7mm.
 - No extranodal extension
- The tumor is **p16 negative** and **EBV negative**.

The managing physician performs an extensive exam and is **unable to find a primary tumor** or any additional metastasis.

Per the physicians notes the patient had an occult tumor of the head and neck.

The patient went on to have a lymph node dissection.

- 24 lymph nodes removed.
- No metastasis identified.

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Determining Primary Site

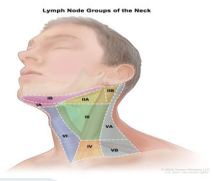
Does the physician think the cancer arose in a head and neck site?

- If the physician gives multiple potential primary sites, then code primary site to C80.9.
- If the physician only gives head and neck sites as possible primary sites, then determine if the tumor is p16 or EBV positive.

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p16 and EBV Status



		EBV		
		Positive	Negative	Unknown
HPV (p16)	Positive	C11.9 Nasopharynx	C10.9 Oropharynx	C10.9 Oropharynx
	Negative	C11.9 Nasopharynx	C76.0 Ill-Defined Site of the Head and Neck	C76.0 Ill-Defined Site of the Head and Neck
	Unknown	C11.9 Nasopharynx	C76.0 Ill-Defined Site of the Head and Neck	C76.0 Ill-Defined Site of the Head and Neck

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If primary site is assigned *C10.9 Oropharynx*

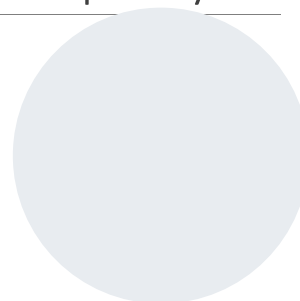
Schema Discriminator 2

- If p16 positive
 - AJCC Chapter 10: HPV-Mediated (p16+) Oropharyngeal Cancer
 - EOD and Summary Stage: Oropharynx HPV-Mediated (p16+)
- If p16 negative
 - AJCC Chapter 11: Oropharynx (p16-) and Hypopharynx
 - EOD Summary Stage: Oropharynx (p16-)

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If primary site is assigned C11.9 Nasopharynx

AJCC chapter 9: Nasopharynx



C76.0 Ill-Defined Site of the Head and Neck

Schema Discriminator 1:

- o 2-5
 - o AJCC Chapter 6: Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
 - o EOD and Summary Stage: Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck

Code	Description
0	Not Occult
1	Occult, Negative cervical nodes (regional head and neck nodes)
2	Not tested for EBV or p16 in head and neck regional nodes (EBV and p16 both unknown)
3	Unknown EBV, p16 negative in head and neck regional nodes
4	Unknown p16, EBV negative in head and neck regional nodes
5	Negative for both EBV and p16 in head and neck regional nodes
<BLANK>	Not C760, discriminator does not apply
	Positive p16 in head and neck regional nodes, EBV unknown or negative Assign primary site C109
	Positive EBV in head and neck regional nodes, p16 positive, negative, or unknown Assign primary site C119

2018 Case Scenario

Patient present with an enlarged cervical lymph node.

- The lymph node is excised and is positive for squamous cell carcinoma.
 - Metastatic deposit measured 7mm.
 - No extranodal extension
- The tumor is p16 negative and EBV negative.

The managing physician performs an extensive exam and is unable to find a primary tumor or any additional metastasis.

Per the physicians notes the patient had an occult tumor of the head and neck.

The patient went on to have a lymph node dissection.

- 24 lymph nodes removed.
- No metastasis identified.

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Staging Summary

- Primary site: C76.0
 - p16 and EBV negative
- Occult tumor
- Positive cervical lymph node
- No additional metastasis
- Lymph node dissection
 - 00/24

Data Item	Value
Tumor Size Summary	999
Regional Nodes Pos	01
Regional Nodes Ex	25
EOD Primary Tumor	800
EOD Lymph Nodes	100
EOD Mets	00

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Staging Summary

- Primary site: C76.0
 - p16 and EBV negative
- Occult tumor
- Positive cervical lymph node
- No additional metastasis
- Lymph node dissection
 - 00/24

Data Item	Value	Data Items	Value
cT	cT0	pT	pT0
cT Suffix		pT Suffix	
cN	cN1	pN	pN1
cN Suffix		pN Suffix	
cM	cM0	pM	cM0
cStage	3	pStage	3

Chapter 6: Page 67

Solid Tumor Rules

HEAD AND NECK

ancer Registries · x Summary Stage 2018 - SEER · x 2018 Solid Tumor Rules · x +

https://seer.cancer.gov/tools/solidtumor/

Collaborative Staging Google NAACCR Outlook Web App NAACCR / IMS, Inc. NAACCR WebEx Enter Schemas | EOD Data My Meetings - Zoom

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The following primary sites are excluded for 1/1/2018 forward:

- Rectosigmoid and rectum which are included in 2018 Colon rules
- Peripheral nerves which are included in 2018 Malignant CNS rules

Other Sites rules will be revised for 2020 implementation. The Solid Tumor Task Force has identified the need to expand the rules to include GYN, soft tissue, thyroid, and other solid tumors.

Download the Solid Tumor Modules*

- General Instructions (PDF, 675 KB) - updated 8/2/2018
- Head & Neck (PDF, 1.0 MB) - released 8/30/2018
- Colon (PDF, 968 KB) - updated 8/8/2018
- Lung (PDF, 971 KB) - updated 10/12/2018
- Cutaneous Melanoma (PDF, 664 KB) - use for cases diagnosed 1/1/2007-12/31/2018
- Breast (PDF, 1.2 MB) - updated 8/20/2018
- Kidney (PDF, 852 KB) - released 7/19/2018
- Urinary Sites (PDF, 1.8 MB) - updated 8/8/2018
- Malignant CNS and Peripheral Nerves (PDF, 1.1 MB) - updated 10/12/2018
- Non-Malignant CNS Tumors (PDF, 1.1 MB) - updated 10/12/2018
- Other Sites (PDF, 644 KB) - use for cases diagnosed 1/1/2007-12/31/2018 - updated 9/11/2018

* A consolidated PDF will be available soon.

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H1 Note 2

When the histology is not listed in Tables 2-10, use the ICD-O and all updates

1. 2018 ICD O 3 Coding Table
<https://www.naaccr.org/implementation-guidelines/#ICDO3>
2. ICD O 3 Manual

New Histologies Coding Clarification

Squamous cell carcinoma HPV-negative 8086

Squamous cell carcinoma HPV-positive 8085

- Do not use a p16 test to code 8085 or 8086.
- HPV testing must be positive by viral detection tests in order to code histology as 8085.

Per the 2018 SEER Manual

- HPV-type 16 refers to virus type and is different from p16 overexpression (p16+).
- HPV status is determined by tests designed to detect viral DNA or RNA. Tests based on ISH, PCR, RT-PCR technologies detect the viral DNA or RNA; whereas, the test for p16 expression, a surrogate marker for HPV, is IHC.

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Pop Quiz

What histology would be coded to the following:

- Final diagnosis from path report is “squamous cell carcinoma”. Separate report shows tumor is p16+
 - **8070 Squamous cell carcinoma**
- Final diagnosis is “squamous cell carcinoma, HPV positive”
 - **8085 Squamous cell carcinoma, HPV positive**
- Final diagnosis is “squamous cell carcinoma”. A separate report shows HPV positive for viral DNA by ISH test
 - **8085 Squamous cell carcinoma, HPV positive**

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Case Scenarios

SCENARIO 1

Multiple Primary Rule	M2-Single Tumor
Histology Rule	H1-Single histology
Primary Site	C12.9
Histology	8070
Behavior	3
Clinical Grade	9
Pathological Grade	9
Post Therapy Grade	

SCENARIO 2

Multiple Primary Rule	M2-Single Tumor
Histology Rule	H1-Single histology
Primary Site	C10.2
Histology	8070
Behavior	3
Clinical Grade	C
Pathological Grade	C
Post Therapy Grade	

Staging

- AJCC
- SUMMARY STAGE
- EOD
- SSDI

AJCC

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AJCC Chapters-Pharynx

Chapter 9-Nasopharynx

Chapter 10 HPV-Mediated (p16+) oropharyngeal chapter

Chapter 11 Oropharynx (p16-) and hypopharynx

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Chapter 9-Nasopharynx

Primarily treated with radiotherapy +/- chemotherapy without resection of primary.

- Pathological classification is largely irrelevant (AJCC Manual pg. 106).

T0 used only when patient is EBV positive

Stage 4B is only assigned when patient has distant metastasis.

Page

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Chapter 10 – HPV mediated (p16+) oropharyngeal

New chapter

- Patients who are high risk HPV positive (p16+) oropharyngeal have a significantly better prognosis than those that are HPV negative (p16-).

Clinical N values and Pathological N values are different.

Clinical Stage and Pathological Stage are different.

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Chapter 11: Oropharynx (p16-) and Hypopharynx

T0 is not a valid value for this chapter

T values are different for oropharynx and hypopharynx

N categories are different for clinical N and pathological N

- ENE + is N3b for cN
- ENE + may be N2a or N3b for pN

If neck dissection is completed, a stage group may be assigned even if the primary tumor is not resected.

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Summary Stage & EOD

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Summary Stage EOD

SUMMARY STAGE 2018

- Cervical Lymph Nodes And Unknown Primary Tumors Of Head And Neck
- Nasopharynx
- Oropharynx
- Hypopharynx

EOD

- Cervical Lymph Nodes And Unknown Primary
- Hypopharynx
- Oropharynx (p16-)
- Oropharynx HPV-Mediated (p16+)
- Nasopharynx

Schema Discriminator 1

C11.1

- Posterior wall of the nasopharynx
 - SS2018 Nasopharynx
- Adenoid
 - SS2018 Nasopharynx
- Pharyngeal tonsil
 - SS2018 Oropharynx

Code	Description
1	Posterior wall of nasopharynx, NOS
2	Adenoid Pharyngeal tonsil
<BLANK>	Primary Site is NOT C111, Discriminator is not necessary



Check the manual!

A tumor arising in the pyriform sinus and extending into postcricoid area.

- Localized or Regional?

SS2018	Description
0	In situ: noninvasive, intraepithelial
1	Localized only (localized, NOS) <ul style="list-style-type: none"> > Confined to hypopharynx > Laryngopharynx > Postcricoid area > Posterior pharyngeal wall > Pyriform fossa or sinus
2	Regional by direct extension only <ul style="list-style-type: none"> > Carotid artery (encased) > Central compartment soft tissues of neck including <ul style="list-style-type: none"> > Prelaryngeal strap muscle(s) > Subcutaneous fat > Cricoid cartilage > Esophageal mucosa or muscle > Extrinsic muscle of tongue > Fixation of structures in code 1 (localized with fixation) > Fixation of hemilarynx, larynx or oropharynx > Hard palate > Hemilarynx > Mandible > Medial pterygoid > Oropharynx > Prevertebral fascia/muscle(s) > Soft tissues of neck > Thyroid cartilage/gland

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SSDI's

Extranodal Extension H&N Clin

Extranodal Extension H&N Path

Lymph Nodes Size of Mets

SEER_SSF1: SEER Site-Specific Fact 1:

- *Human Papilloma Virus (HPV) Status*

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Extranodal Extension H&N Clinical

- **Imaging alone is not enough to determine or exclude ENE.**
 - Code 0 when lymph nodes are determined to be positive and physical examination does not indicate any signs of extranodal extension.
 - Clinical ENE is described in the AJCC 8th edition as "Unambiguous evidence of gross ENE on clinical examination (e.g., invasion of skin, infiltration of musculature, tethering to adjacent structures, or cranial nerve, brachial plexus, sympathetic trunk, or phrenic nerve invasion with dysfunction)"
 - The terms 'fixed' or 'matted' are used to describe lymph nodes.

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Extranodal Extension H&N Pathological

Code the status of ENE assessed on histopathologic examination of surgically resected involved regional lymph node(s).

- Do not code ENE from a lymph node biopsy (FNA, core, incisional, excisional, sentinel).
- Do not code ENE for any distant lymph node

Definitions of ENE subtypes and rules:

- Microscopic ENE [ENE (mi)] is defined as less than or equal to 2 mm.
- Major ENE [ENE (ma)] is defined as greater than 2 mm.
- Both ENE (mi) and ENE (ma) qualify as ENE (+) for definition of pN.

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Lymph Nodes Size of Metastasis

Record the size of the largest metastatic lymph node

- If the same involved node (or same level) is examined both clinically and pathologically, record the size of the node from the pathology report, even if it is smaller.
 - Example: Clinical evaluation shows 1.5 cm (15 mm) Level II lymph node, pathological examination shows Level II 1.3 cm (13 mm) **metastatic deposit**. Code 13.0.
- If the largest involved node is not examined pathologically, use the clinical node size

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SEER_SSF1: SEER Site-Specific Fact 1: Human Papilloma Virus (HPV) Status

Required for SEER Registries only

- There are several methods for determination of HPV status. The most frequently used test is IHC for p16 expression which is surrogate marker for HPV infection.
 - **Do not record the results of IHC p16 expression in this field.**
 - The rest of the tests (based on ISH, PCR, RT-PCR technologies) detect the viral DNA or RNA.
 - **This data item is only for HPV status determined by tests designed to detect viral DNA or RNA.**
 - Leave this field blank if tests not done.

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Case Scenario 1-Staging Summary

Primary Tumor

- Tumor Size
 - Pre-treatment
 - 3cm
 - Post-surgery
 - No surgery of primary site
- Extension
 - Pre-Treatment
 - Confined to the pyriform sinus
 - Post Surgery
 - No surgery to primary site

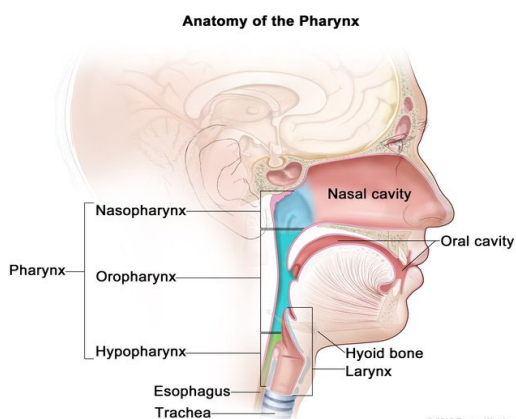
Lymph Nodes

- Pre-treatment
 - Palpable, moveable level III lymphadenopathy.
 - Largest measured 2cm per CT
 - FNA of lymph node positive for CA
- Post Surgery
 - No lymph node dissection

Distant metastasis

- No indication of distant metastasis

Tumor Size



Data Item	Value
Tumor Size Clinical	030
Tumor Size Pathological	999
Tumor Size Summary	030

AJCC Staging

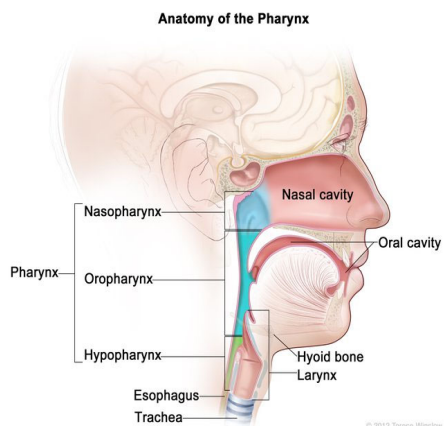
Which AJCC chapter do we use?

- Primary Site C12.9
- Histology 8070/3
- HPV Status Negative

Chapter 11

Data Item	Value	Data Items	Value
cT	cT2	pT	
cT Suffix		pT Suffix	
cN	cN2b	pN	
cN Suffix	(f)	pN Suffix	
cM	cM0	pM	
cStage	4A	pStage	99

Summary Stage/EOD

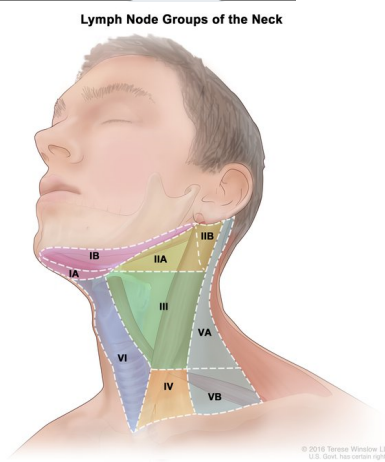


Data Item	Value
Summary Stage	3-R LN
EOD Primary Tumor	100
EOD Regional Nodes	250
EOD Mets	00

CLINICAL or PATHOLOGICAL
 Metastasis in MULTIPLE ipsilateral nodes
 No nodes larger than 6 cm in greatest dimension
 Extranodal extension (ENE) negative or unknown

SSDI's

Data Item	Value
Extranodal Extension H&N Clin	0
Extranodal Extension H&N Path	X.9
Lymph Nodes Size of Metastasis	020
SEER_SSF1: SEER Site-Specific Fact 1: Human Papilloma Virus (HPV) Status	8



Case Scenario 2-Staging Summary

Primary Tumor

- Tumor Size
 - Pre-treatment
 - 2.4cm
 - Post-surgery
 - 2.6cm
- Extension
 - Pre-Treatment
 - *Laryngoscopy-lesion arising in lateral wall of oropharynx extending to posterior tonsillar pillar.*
 - Post Surgery
 - *Tumor of the right lateral wall of oropharynx extends into tonsillar pillar. No further extension*

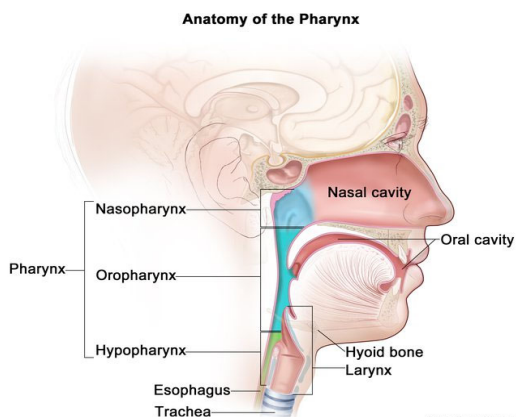
Lymph Nodes

- Pre-treatment
 - CT shows 2 retropharyngeal lymph nodes- most likely represent mets. Largest is 2.4cm. No indication of ENE.
- Post Surgery
 - 02/14 positive lymph nodes.
 - Largest metastatic focus 2.1cm
 - ENE present 0.3mm

Distant metastasis

- No indication of distant metastasis

Tumor Size



Data Item	Value
Tumor Size Clinical	024
Tumor Size Pathological	026
Tumor Size Summary	026

AJCC Staging

Which AJCC chapter do we use?

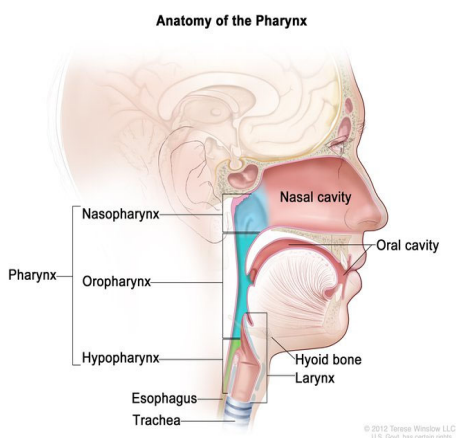
- Primary Site C10.2
- Histology 8070/3
- HPV Status p16 Positive

Chapter 10

What would the stage be if the patient Was p16 negative (see page 130)

Data Item	Value	Data Items	Value
cT	cT2	pT	pT2
cT Suffix		pT Suffix	
cN	cN1	pN	pN1
cN Suffix		pN Suffix	
cM	cM0	pM	cM0
cStage	1	pStage	1

Summary Stage/EOD

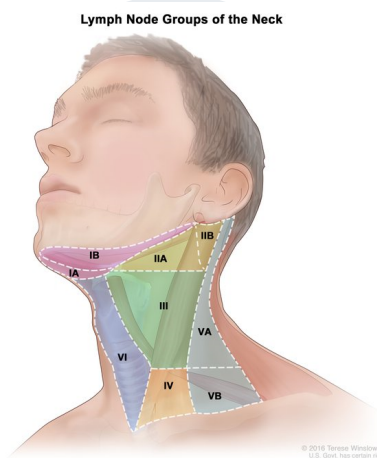


Data Item	Value
Summary Stage	3-Reg to LN
EOD Primary Tumor	100
EOD Regional Nodes	500
EOD Mets	00

*500-Pathological evaluation only
Regional lymph node(s) involved*

SSDI's

Data Item	Value
Extranodal Extension H&N Clin	0
Extranodal Extension H&N Path	0.3
Lymph Nodes Size of Metastasis	021
SEER_SSF1: SEER Site-Specific Fact 1: Human Papilloma Virus (HPV) Status	9 or blank



Questions?

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The Role of Radiation Therapy in the Management of Pharyngeal Cancer

WILSON APOLLO, MS, CTR, RTT

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Questions?

Fabulous Prize Winners



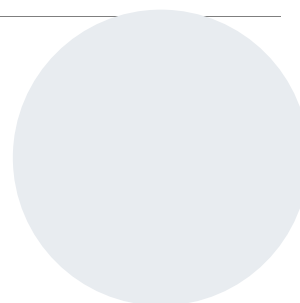
Coming UP...

Collecting Cancer Data: Breast

- 12/06/2018

Collecting Cancer Data: Testis

- 01/10/2019



CE Certificate Quiz/Survey

Phrase

Link

<https://www.surveygizmo.com/s3/4656348/Pharynx-2018>

