Head and Neck

Equivalent Terms, Definitions, Charts, Tables and Illustrations

- Primary site
  - Do not code biopsy site

Priority Order Code Primary Site

1. Tumor Board
    a. Specialty
    b. General

Priority Order Code Primary Site

2. Staging physician's site assignment

    a. AJCC staging form

    b. TNM statement in medical record

If neither 1 or 2 available, based on whether tumor was resected

Priority Order Code Primary Site

3. Total resection of primary tumor (margins may be microscopically positive)

   a. Operative report – surgeon's statement

   b. Final diagnosis on pathology report

Priority Order Code Primary Site

4. No resection (may have biopsy)

    a. Endoscopy

    b. Radiation oncologist

    c. Diagnosing physician

    d. Primary care physician

Continued on next slide

Priority Order Code Primary Site

e. Other physician

f. Diagnostic imaging

g. Physician statement based on clinical examination
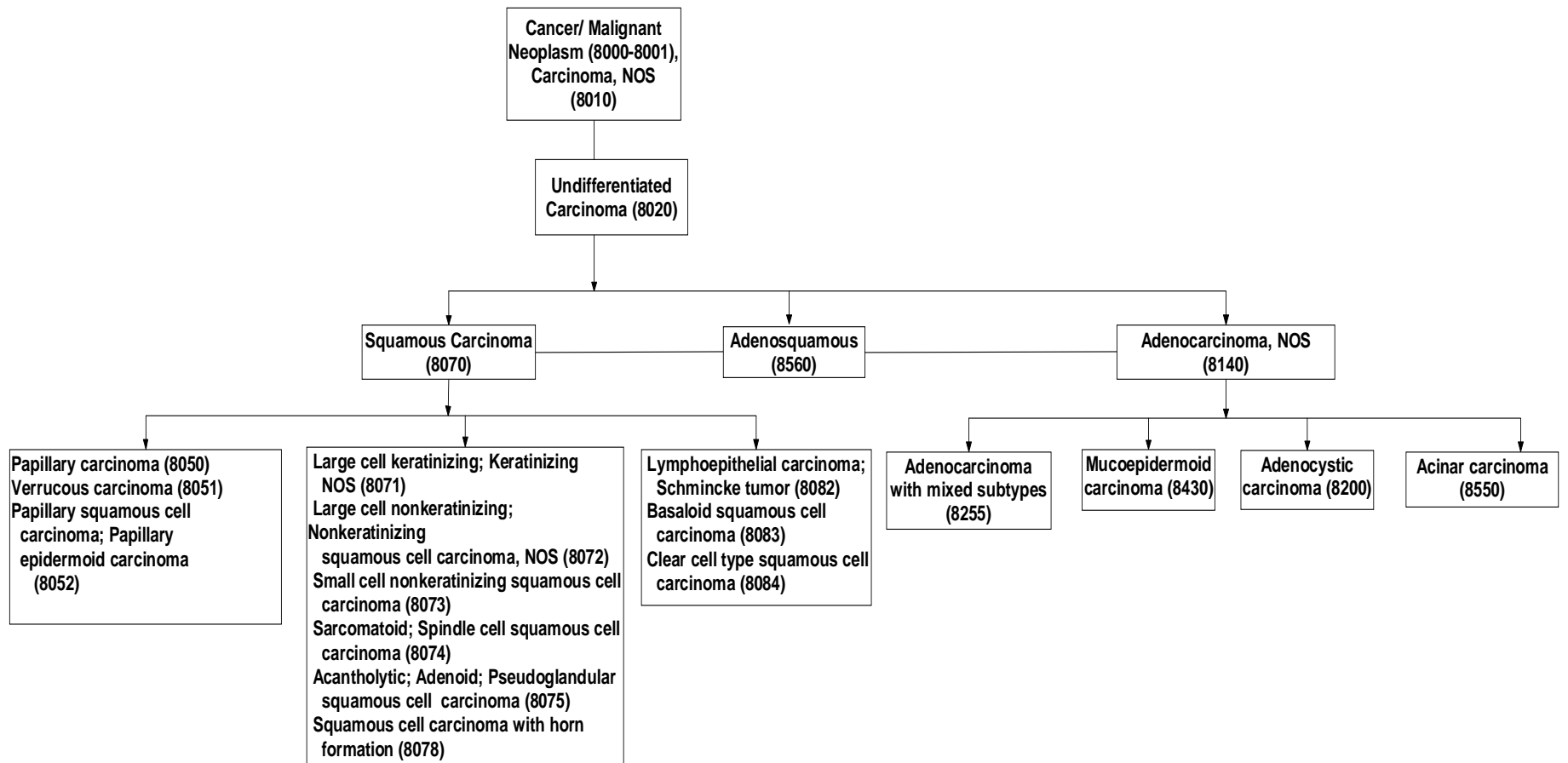
Default Site Codes

- Point of origin cannot be determined
  - C02.8 Overlapping lesion of tongue
  - C08.8 Overlapping lesion of major salivary glands
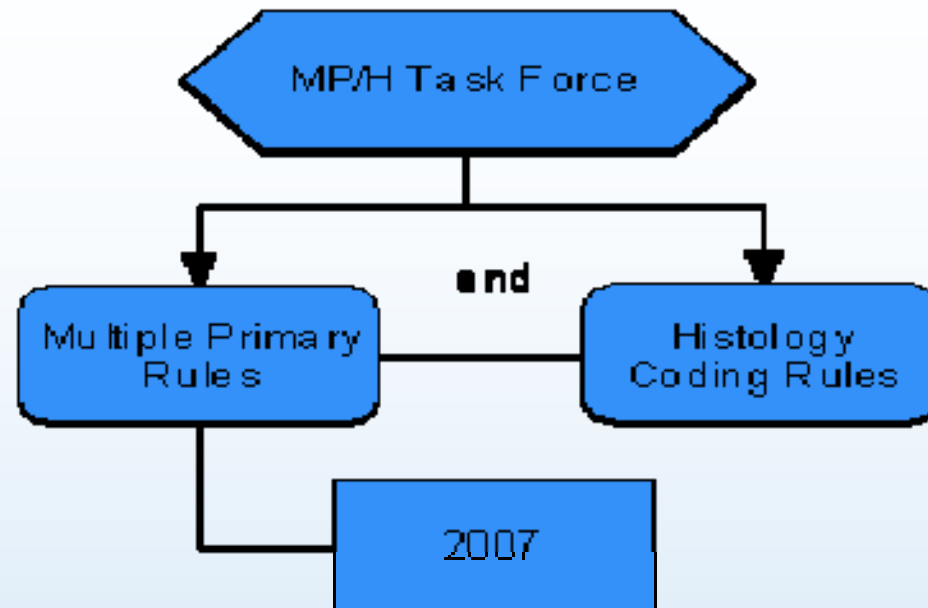 - C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

Table 1 – Paired Sites

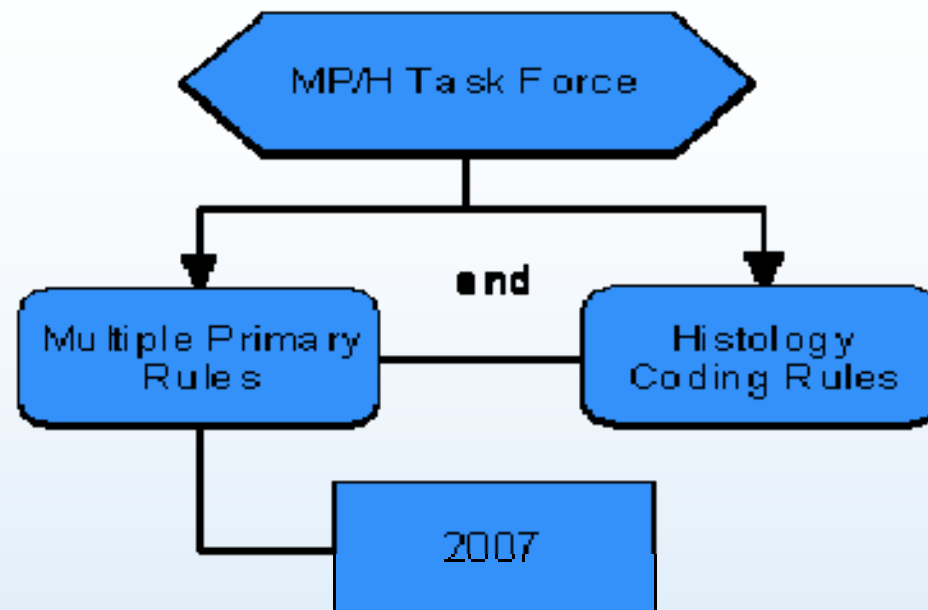| Column 1: Paired Sites	Column 2: Code
Parotid Glands	C079
Major Salivary Glands	C080; C081
Tonsils	C090; C091; C098; C099
Nasal Cavity	C300
Accessory Sinuses	C310; C312
Middle Ear	C301

Chart 1 – H&N Histology Groups and Specific Types

Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific
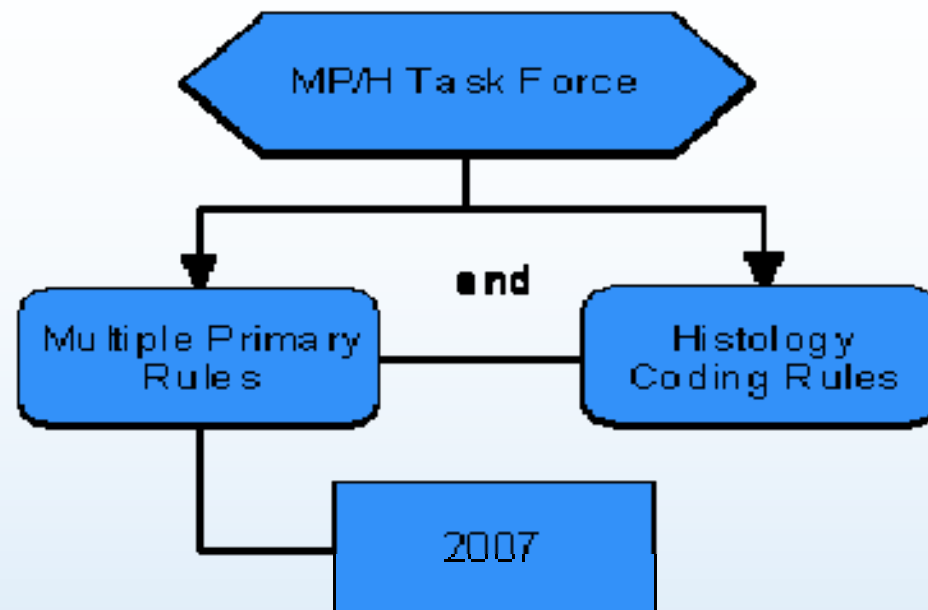
```
                    Cancer/ Malignant
                    Neoplasm (8000-8001),
                    Carcinoma, NOS
                    (8010)
                          │
                          ▼
                    Undifferentiated
                    Carcinoma (8020)
                          │
        ┌─────────────────┼─────────────────────────────────┐
        ▼                 ▼                                   ▼
  Squamous Carcinoma   Adenosquamous                 Adenocarcinoma, NOS
  (8070)               (8560)                         (8140)
```

Squamous Carcinoma (8070) branches:

Papillary carcinoma (8050)
Verrucous carcinoma (8051)
Papillary squamous cell
 carcinoma; Papillary
 epidermoid carcinoma
 (8052)

Large cell keratinizing; Keratinizing
 NOS (8071)
 Large cell nonkeratinizing;
Nonkeratinizing
 squamous cell carcinoma, NOS (8072)
Small cell nonkeratinizing squamous cell
 carcinoma (8073)
Sarcomatoid; Spindle cell squamous cell
 carcinoma (8074)
Acantholytic; Adenoid; Pseudoglandular
 squamous cell carcinoma (8075)
Squamous cell carcinoma with horn
 formation (8078)

Lymphoepithelial carcinoma;
 Schmincke tumor (8082)
Basaloid squamous cell
 carcinoma (8083)
Clear cell type squamous cell
 carcinoma (8084)

Adenocarcinoma, NOS (8140) branches:

Adenocarcinoma
with mixed subtypes
(8255)

Mucoepidermoid
carcinoma (8430)

Adenocystic
carcinoma (8200)

Acinar carcinoma
(8550)

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Multiple Primary Rules

Unknown if Single or Multiple Tumors

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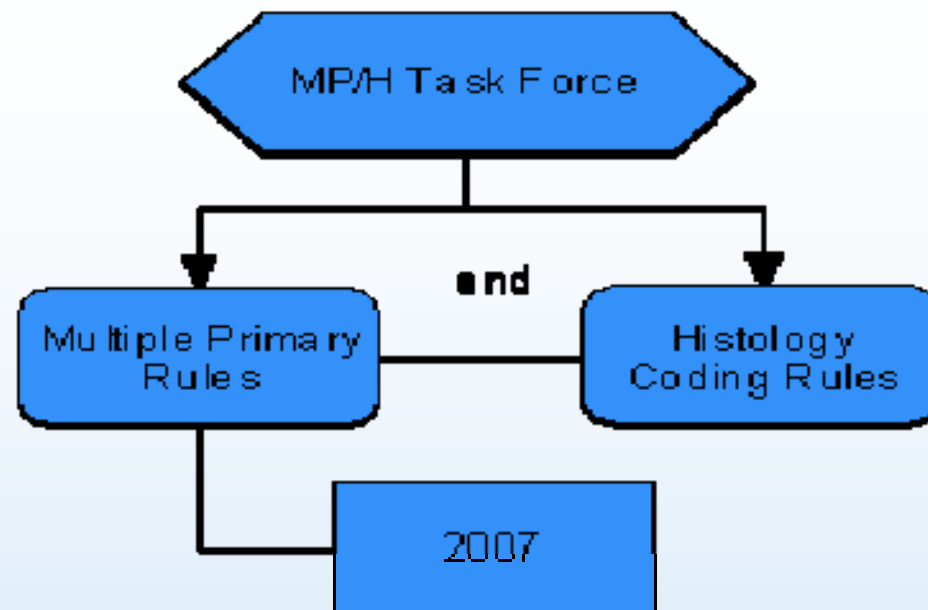
UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.
M1 Is it impossible to determine if there is a single tumor or multiple tumors? **YES** → **SINGLE Primary*** / **NO** → Go to Single Tumor or Multiple Tumors	**SINGLE Primary*** End of instructions for Unknown if Single or Multiple Tumors	**Use this rule only after all information sources have been exhausted.** **Example 1:** History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary. **Example 2:** Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.

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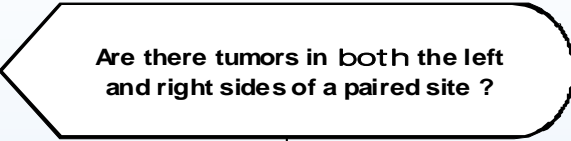
Single Tumor

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SINGLE TUMOR	DECISION	NOTES
		1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive
M2 Is there a single tumor? —YES→ **SINGLE Primary*** NO ↓ **Go to Multiple Tumors.** End of instructions for Single Tumor.		The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Multiple Tumors
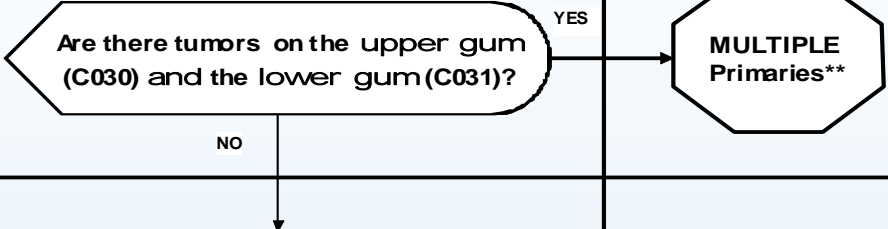
HEAD AND NECK

MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M3 — Are there tumors in **both** the left and right sides of a paired site ? → YES →	MULTIPLE Primaries**	See Table 1 for list of paired sites.
NO ↓		

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MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M4

Are there tumors on the **upper lip** (C000 or C003) **and** the **lower lip** (C001 or C004)?

YES → MULTIPLE Primaries**

NO ↓

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MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M5

Are there tumors on the **upper gum** (C030) **and** the **lower gum** (C031)?

YES → MULTIPLE Primaries**

NO ↓

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MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M6

Are there tumors in the **nasal cavity** (C300) **and** the **middle ear** (C301)?

YES → MULTIPLE Primaries**

NO ↓

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MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M7 Are there tumors in sites with ICD-O-3 topography codes that are different at the second (C**x**xx) and/or third character (Cx**x**x)? YES → MULTIPLE Primaries** NO ↓		

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MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M8 Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis? — YES →	MULTIPLE Primaries**	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
NO ↓		

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MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases.
		2. Includes combinations of in situ and invasive.

M9

Are tumors diagnosed more than five (5) years apart?

YES → **MULTIPLE Primaries****

NO ↓

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MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M10 Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology? — YES

NO

Is there carcinoma, NOS (8010) and another is a specific carcinoma? — YES

NO

Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma? — YES

NO

Is there squamous cell carcinoma, NOS (8070) and another is a specific squamous cell carcinoma? — YES

NO

Is there melanoma, NOS (8720) and another is a specific melanoma? — YES

NO

Is there sarcoma, NOS (8800) and another is a specific sarcoma? — YES

NO

SINGLE Primary*

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MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.

M11

Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number?

YES → MULTIPLE Primaries**

NO ↓

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MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M12 **Does not meet any of the above criteria (M1 through M11).** YES →	**SINGLE Primary*** End of instructions for Multiple Tumors.	1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
		2. All cases covered by Rule 12 have this rule are the same histology.
NO ↓ **ERROR: Recheck rules. Stop when a match is found.**		

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

Warning: Using only these case examples to determine the number of primaries can result in major errors.

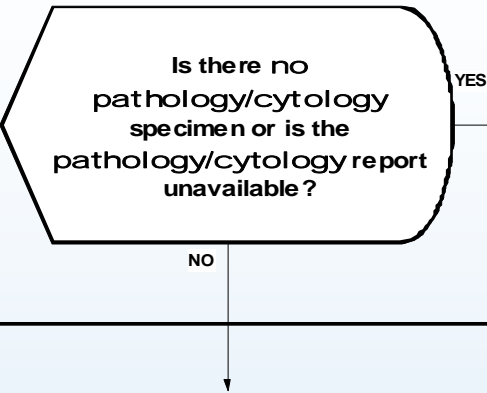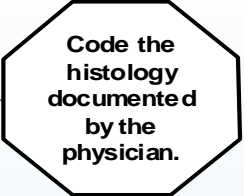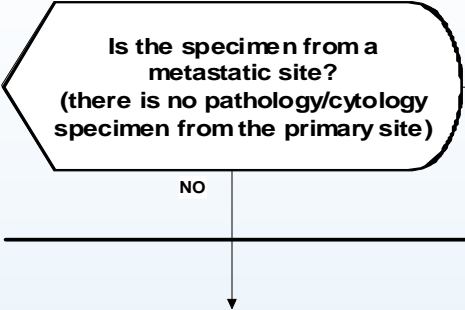| Example 1. Multifocal tumors in floor of mouth	Example 2. An in situ and invasive tumor diagnosed within 60 days	Example 3. In situ following an invasive tumor more than 60 days apart

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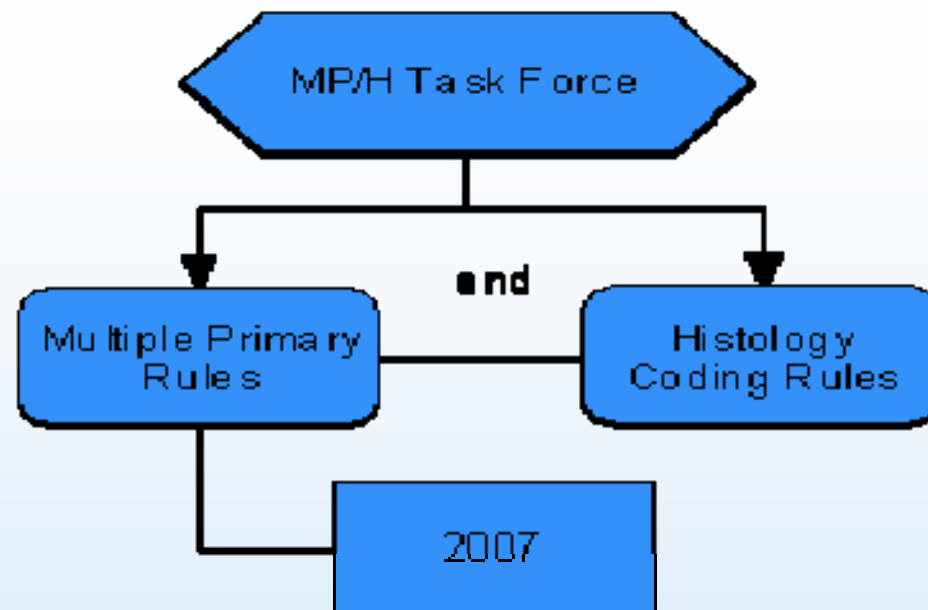
Histology Rules

Single Tumor
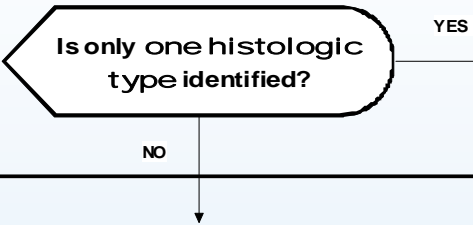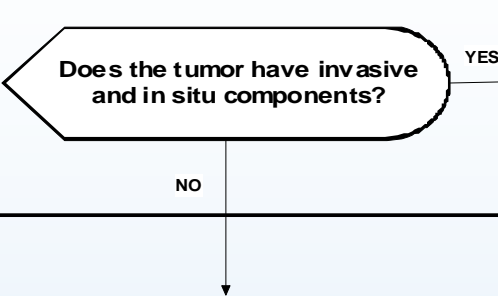
Rule	Action	Notes and Examples
H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES → NO ↓	**Code the histology documented by the physician.**	1. **Priority for using documents to code the histology** o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. **Code the specific histology when documented.** 3. **Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.**

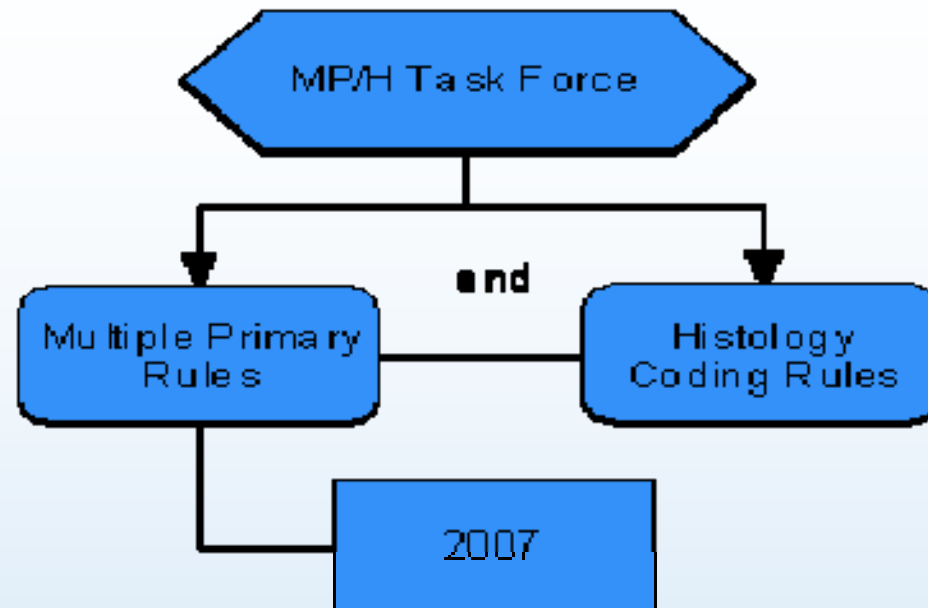| Rule	Action	Notes and Examples
H2 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) — YES → NO ↓	Code the histology from a metastatic site.	Code the behavior /3.

Rule	Action	Notes and Examples
H3 Is only **one histologic type** identified? YES NO	Code the histology.	**Example:** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. **Example:** Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.

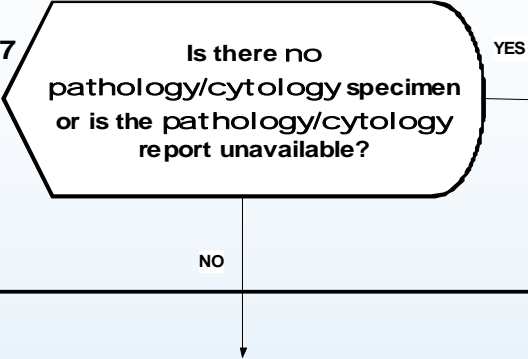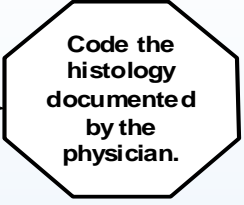| Rule	Action	Notes and Examples
H4 Does the tumor have invasive and in situ components? YES → NO ↓	Code the invasive histology.	**Example:** The final diagnosis is keratinizing squamous cell carcinoma (8073) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8073).

Rule	Action	Notes and Examples
H5 Are there multiple histologies within the same branch such as: ● cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR ● carcinoma, NOS (8010) and a more specific carcinoma? OR ● squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR ● adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR ● melanoma, NOS (8720) and a more specific melanoma? OR ● sarcoma, NOS (8800) and a more specific sarcoma? NO	Yes Code the most **specific** histologic term using Chart 1	1. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. **Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)
H6	Code the **numerically higher** ICD-O-3 histology code.	

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

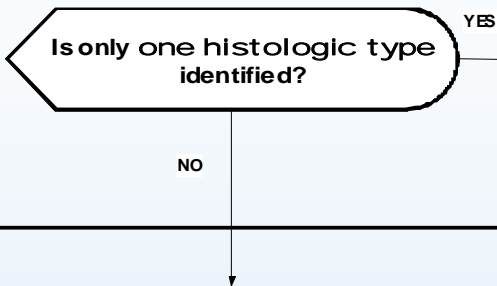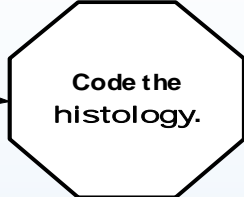# Multiple Tumors Abstracted as a Single Primary

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Rule	Action	Notes and Examples
H7 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? YES →	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** o **Documentation in the medical record that refers to pathologic or cytologic findings** o **Physician's reference to type of cancer (histology) in the medical record** o **CT, PET or MRI scans** 2. **Code the specific histology when documented.** 3. **Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.**
NO ↓		
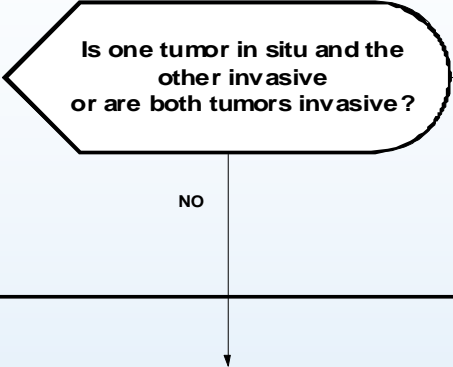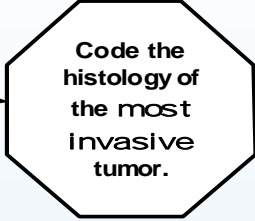
HEAD AND NECK

Rule	Action	Notes and Examples
H8 Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site? YES → **NO** ↓	Code the histology from a metastatic site.	Code the behavior /3.

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Rule	Action	Notes and Examples
H9 Is only **one histologic type** identified? YES → NO ↓	Code the **histology**.	**_Example:_** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. **_Example:_** Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.

Rule	Action	Notes and Examples
H10 Is one tumor in situ and the other invasive or are both tumors invasive? YES → NO ↓	Code the histology of the **most invasive** tumor.	1. See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. o One tumor is in situ and one is invasive, code the histology from the invasive tumor. o Both/all histologies are invasive, code the histology of the most invasive tumor. 2. If tumors are equally invasive, go to the next rule.

Rule	Action	Notes and Examples
H11 Are there multiple histologies within the same branch such as: • cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR • carcinoma, NOS (8010) and a more specific carcinoma? OR • squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR • adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR • melanoma, NOS (8720) and a more specific melanoma? OR • sarcoma, NOS (8800) and a more specific sarcoma?	**Yes** Code the most **specific** histologic term using Chart 1	1. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. *Example:* The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)
NO		
H12	Code the **numerically higher** ICD-O-3 histology code.	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

MP/H Task Force