

SEER Inquiry System - Report

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Question 20220047

References:

Solid Tumor Rules. 2018/2021 Head and Neck

Question:

Solid Tumor Rules/Multiple Primaries--Head and Neck: Is a patient with 2020 neck mass, squamous cell carcinoma (SCC), p16-negative, who then had a biopsy of the right tonsil (C09.9) in July 2022, SCC p16-positive, one or two primaries? Is this coded to 8070/3 using pre-2022 rules or a new, second primary p16-positive, 8085/3. See Discussion.

Discussion:

History provided by the oncologist

Right neck mass since 2019; 04/07/20, initial biopsy p16-negative SCC, delay of treatment due to patient preference, agreed to biopsy of tonsil and work-up August 2022; right tonsil biopsy: p16-positive, G2 SCC, nodal mass at that time >6 cm with extensive extranodal extension, Stage III (cT2, cN3, cM0, p16-positive); based on this history, was staged as a tonsil primary and p16-positive.

Patient details

1. March 2020, CT neck and chest revealed a 0.5 x 2.7 x 2.3 cm low-density necrotic nodal mass at right neck level 2 suspicious for metastatic disease. There was a slight asymmetric increased size of the right palatine tonsil. There are a few sub-4 mm pulmonary nodules which are nonspecific.
2. April 7, 2020, FNA of right neck mass with pathology revealed p16-negative SCC
3. April 20, 2020, PET/CT revealed 3 x 2 cm right-sided level 2 node with FDG avidity
4. May 5, 2020, flexible laryngoscopy showed no obvious primary lesion
5. May 2020, after evaluation by a medical oncology, patient declined any treatment
6. June 17, 2022, return visit in medical oncology after PET/CT demonstrates significant progression in the neck; patient definitively declines chemo, but would like surgical opinion. Now has more rapidly progressive disease with skin breakdown and weeping from malignant lesion right neck.
7. June 22, 2022, radiation oncology consultation
8. July 15, 2022, tonsil biopsy: Invasive squamous cell carcinoma, moderately differentiated with LVI, p16-positive
9. Patient now agreeing to treatment with radiation: Tooth extractions 8/30/2022, radiation planning 9/14/2022
10. Patient consulted with cancer specialist who explained surgery is not recommended given level of extranodal extension and risk of seventh cranial nerve paralysis and fistula formation with surgical excision and who recommended chemoradiation
11. September 9, 2022, patient presented for radiation CT simulation/treatment planning and informs treatment team. Patient declined/refuses concurrent chemotherapy despite recommendations from two cancer institutions.

Answer:

Abstract a single primary of the tonsil. The diagnosis date is April 7, 2020. Assign 8070/3 for the histology.

Metastases were found in 2020 before the primary of tonsil was determined in 2022. The oncologist information confirms this.

Cancer Site Category:

Head & Neck

Data Item Category:

N/A

Other Category:

Multiple primaries, Solid Tumor Rules (2018, 2021)

Year:

2022