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
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
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

<table>
<thead>
<tr>
<th>Column 1: Paired Sites</th>
<th>Column 2: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parotid Glands</td>
<td>C079</td>
</tr>
<tr>
<td>Major Salivary Glands</td>
<td>C080; C081</td>
</tr>
<tr>
<td>Tonsils</td>
<td>C090; C091; C098; C099</td>
</tr>
<tr>
<td>Nasal Cavity</td>
<td>C300</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>C310; C312</td>
</tr>
<tr>
<td>Middle Ear</td>
<td>C301</td>
</tr>
</tbody>
</table>
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.
Multiple Primary Rules
Unknown if Single or Multiple Tumors
### HEAD AND NECK

<table>
<thead>
<tr>
<th>UNKNOWN IF SINGLE OR MULTIPLE TUMORS</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it impossible to determine if there is a single tumor or multiple tumors?</td>
<td>YES</td>
<td>Tumor(s) not described as metastasis.</td>
</tr>
<tr>
<td>NO</td>
<td>SINGLE Primary*</td>
<td>Use this rule only after all information sources have been exhausted.</td>
</tr>
<tr>
<td></td>
<td>End of instructions for Unknown if Single or Multiple Tumors</td>
<td><strong>Example 1:</strong> 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Example 2:</strong> 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.</td>
</tr>
</tbody>
</table>
Single Tumor
Is there a single tumor?

Yes

SINGLE Primary

End of instructions for Single Tumor.

No

Go to Multiple Tumors.

NOTES

1. Tumor not described as metastasis.
2. Includes combinations of in situ and invasive

The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
Multiple Tumors
**HEAD AND NECK**

<table>
<thead>
<tr>
<th><strong>MULTIPLE TUMORS</strong></th>
<th><strong>DECISION</strong></th>
<th><strong>NOTES</strong></th>
</tr>
</thead>
</table>
| 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**

- **NO**

See Table 1 for list of paired sites.
# Multiple Tumors

Multiple tumors may be a single primary or multiple primaries.

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

<table>
<thead>
<tr>
<th>M4</th>
<th>YES</th>
<th>MULTIPLE Primaries**</th>
</tr>
</thead>
</table>

**NOTES**

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

---

**HEAD AND NECK**
Multiple tumors may be a single primary or multiple primaries.

<table>
<thead>
<tr>
<th>M5</th>
<th>Are there tumors on the <strong>upper gum</strong> (C030) and the <strong>lower gum</strong> (C031)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES**

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

**HEAD AND NECK**
Multiple tumors may be a single primary or multiple primaries.

**NOTES**
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

**DECISION**

<table>
<thead>
<tr>
<th>M6</th>
<th>Are there tumors in the <strong>nasal cavity</strong> (C300) and the <strong>middle ear</strong> (C301)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

HEAD AND NECK
**MULTIPLE TUMORS, continued**

<table>
<thead>
<tr>
<th>M7</th>
<th>Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxx) and/or third character (Cx)?</th>
</tr>
</thead>
</table>
|    | **YES**  
|    | MULTIPLE Primaries**                                                  |
|    | **NO**                                                                                                                  |

**NOTES**
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
# HEAD AND NECK

## MULTIPLE TUMORS, continued

<table>
<thead>
<tr>
<th>Is there an <strong>invasive</strong> tumor following an <strong>in situ</strong> tumor more than 60 days after diagnosis?</th>
<th>MULTIPLE Primaries**</th>
<th><strong>NOTES</strong></th>
</tr>
</thead>
</table>
| YES | | 1. Tumors not described as metastases.  
2. Includes combinations of in situ and invasive. |
| NO | | 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. |
## HEAD AND NECK

<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
</table>
| Are tumors diagnosed more than five (5) years apart? | MULTIPLE Primaries** | 1. Tumors not described as metastases.  
2. Includes combinations of in situ and invasive. |
| NO | | |

**M9**
HEAD AND NECK

MULTIPLE TUMORS, continued

**NOTES**

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

**DECISION**

- **M10**
  - Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology?
    - **NO**
    - Is there carcinoma, NOS (8010) and another is a specific carcinoma?
      - **NO**
      - Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma?
        - **NO**
        - Is there squamous cell carcinoma, NOS (8070) and another is a specific squamous cell carcinoma?
          - **NO**
          - Is there melanoma, NOS (8720) and another is a specific melanoma?
            - **NO**
            - Is there sarcoma, NOS (8800) and another is a specific sarcoma?
              - **YES**
              - SINGLE Primary*

**YES**

- **YES**

**NO**

- **NO**
Do the tumors have ICD-O-3 histology codes that are different at the first (xxx), second (xxxx) or third (xxxx) number?

Yes  

MULTIPLE Primaries**

No
Does not meet any of the above criteria (M1 through M11).

**YES**

SINGLE Primary

End of instructions for Multiple Tumors.

**ERROR:** Recheck rules. Stop when a match is found.

**NOTES**

Tumors not described as metastases.

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.

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**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.

<table>
<thead>
<tr>
<th>Example 1. Multifocal tumors in floor of mouth</th>
<th>Example 2. An in situ and invasive tumor diagnosed within 60 days</th>
<th>Example 3. In situ following an invasive tumor more than 60 days apart</th>
</tr>
</thead>
</table>

---

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Histology Rules
Single Tumor
### HEAD AND NECK

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H1</strong>&lt;br&gt;Is there <strong>no</strong> pathology/cytology specimen or is the pathology/cytology report unavailable?</td>
<td>YES&lt;br&gt;Code the histology documented by the physician.</td>
<td>1. Priority for using documents to code the histology&lt;br&gt;- Documentation in the medical record that refers to pathologic or cytologic findings&lt;br&gt;- Physician’s reference to type of cancer (histology) in the medical record&lt;br&gt;- CT, PET or MRI scans&lt;br&gt;2. Code the specific histology when documented.&lt;br&gt;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.</td>
</tr>
<tr>
<td>Rule</td>
<td>Action</td>
<td>Notes and Examples</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>--------------------</td>
</tr>
<tr>
<td>H2</td>
<td>Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)</td>
<td>Code the histology from a metastatic site.</td>
</tr>
</tbody>
</table>

**HEAD AND NECK**
## HEAD AND NECK

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H3</td>
<td></td>
<td><strong>Example:</strong> Squamous cell carcinoma. Code 8070.</td>
</tr>
<tr>
<td>Is only <em>one histologic type</em> identified?</td>
<td>Code the histology.</td>
<td>Do not code terms that do not appear in the histology description.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Example:</strong> Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words &quot;non-keratinizing&quot; actually appear in the diagnosis.</td>
</tr>
<tr>
<td>Rule</td>
<td>Action</td>
<td>Notes and Examples</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| H4   | Does the tumor have invasive and in situ components? | **YES** 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). |
|      | **NO** |                   |


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

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
<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H7</td>
<td>Is there no <strong>pathology/cytology</strong> specimen or is the <strong>pathology/cytology</strong> report unavailable?</td>
<td><strong>YES</strong> Code the histology documented by the physician. <strong>NO</strong></td>
</tr>
</tbody>
</table>

1. Priority for using documents to code the histology
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician’s reference to type of cancer (histology) in the medical record
   - 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.
<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H8</td>
<td>Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site?)</td>
<td>YES: Code the histology from a metastatic site. NO: Code the behavior /3.</td>
</tr>
</tbody>
</table>
### HEAD AND NECK

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Is only **one histologic type** identified? | 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 carcinoma non-keratinizing) unless the words ”non-keratinizing” actually appear in the diagnosis. |
<p>| NO   |        |                    |</p>
<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H10</td>
<td>Is one tumor in situ and the other invasive or are both tumors invasive?</td>
<td>Code the histology of the most invasive tumor.</td>
</tr>
<tr>
<td>YES</td>
<td>1. See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- One tumor is in situ and one is invasive, code the histology from the invasive tumor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Both/all histologies are invasive, code the histology of the most invasive tumor.</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2. If tumors are equally invasive, go to the next rule.</td>
<td></td>
</tr>
</tbody>
</table>
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)