



TURNING CANCER DATA  
INTO DISCOVERY

# 2023 SEER Workshop

Advanced Topics for Registry Professionals

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December 5 – 7



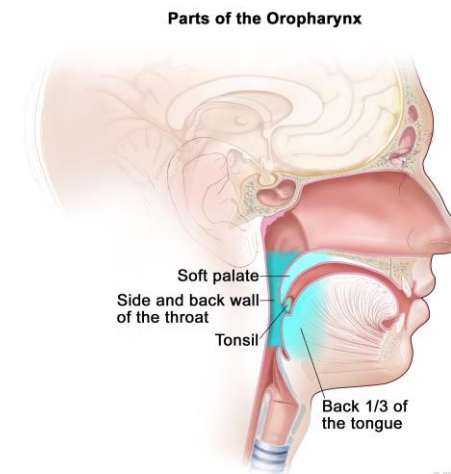
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# Oropharynx

## Anatomy & Primary Site

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December 7, 2023



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# Priority Order of Resources for Coding Primary Site for Solid Tumors

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## 1. ICD-O-3

- a. ICD-O-3 Implementation Guidelines <https://www.naaccr.org/icdo3/>

## 2. SEER Program Manual

<https://seer.cancer.gov/tools/codingmanuals/>

- a. Including Coding Guidelines in Appendix C

## 3. Solid Tumor Rules <https://seer.cancer.gov/tools/solidtumor/>

# Coding Primary Site

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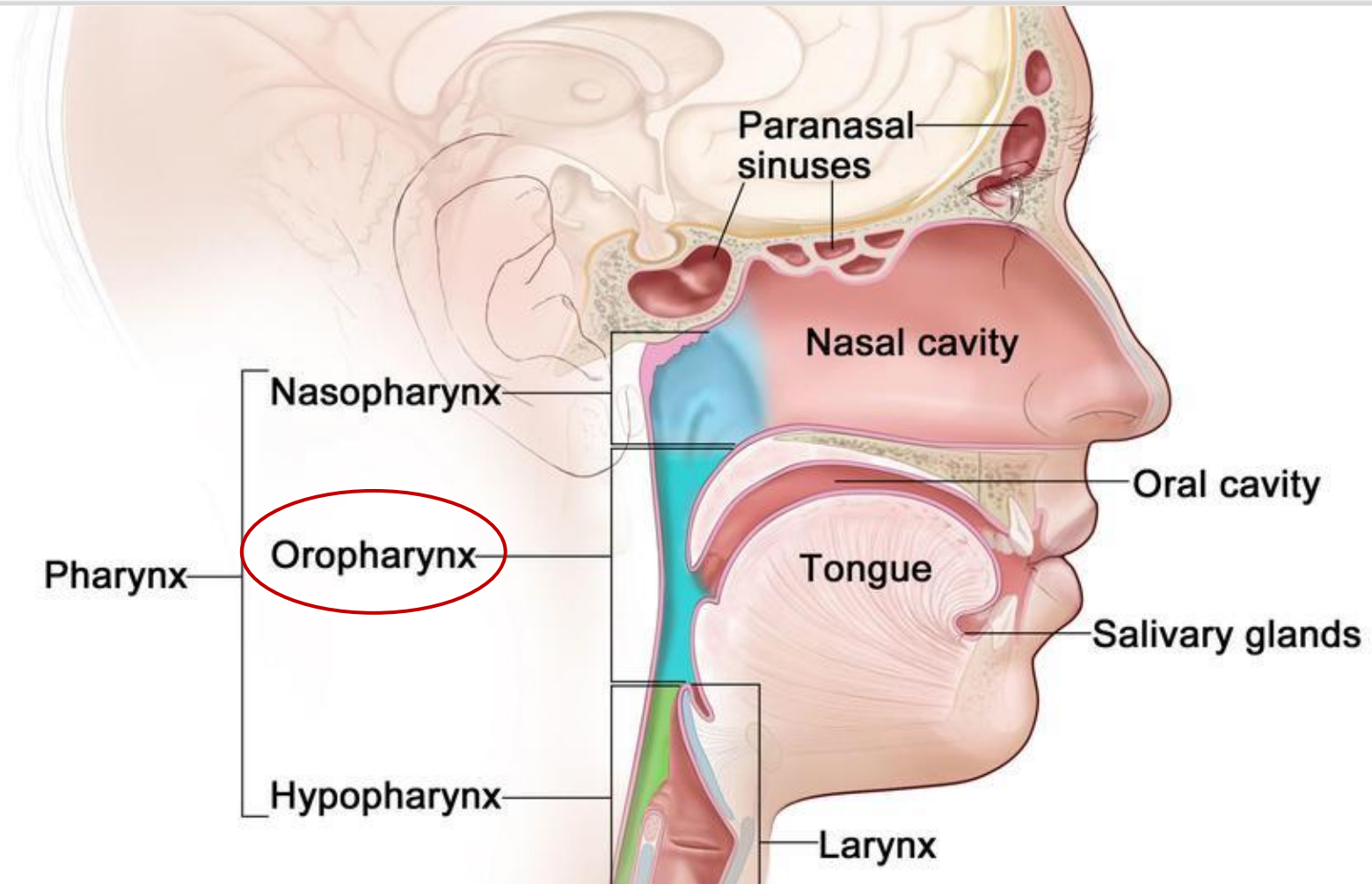


- Code primary site to reflect **site of origin** according to medical opinion on the case
- Look for information about where the neoplasm originated
  - Always code primary site based on where the tumor arose / site of origin. Site of origin may be indicated by terms such as "tumor arose from...", "tumor originated in...", or similar statements
- Site of origin is **not necessarily site of biopsy**
- Tumors may involve many sites. The primary site code should reflect **site where tumor arose** rather than all sites of involvement.

# Oropharynx C100 – C109

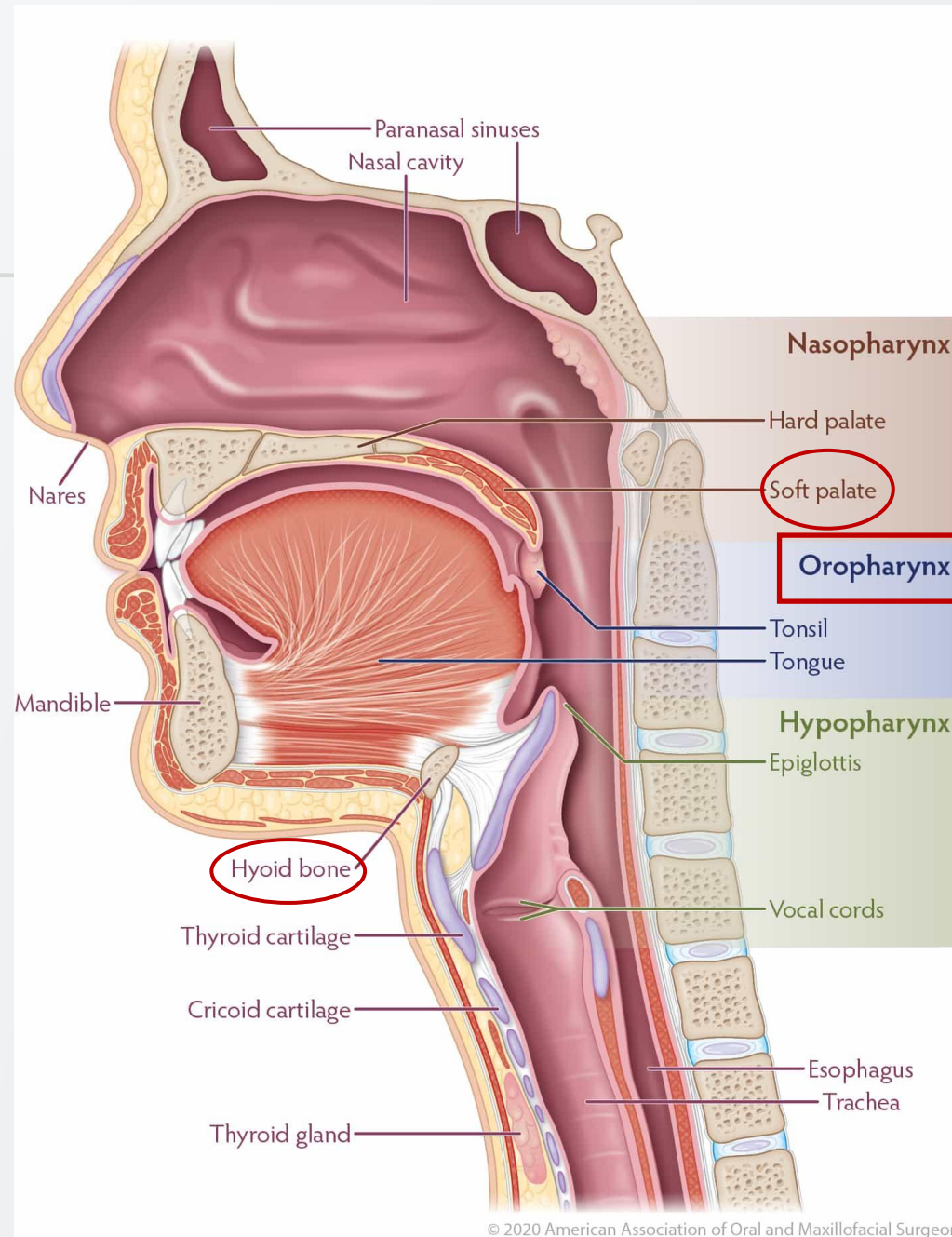


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# Oropharynx C100 – C109



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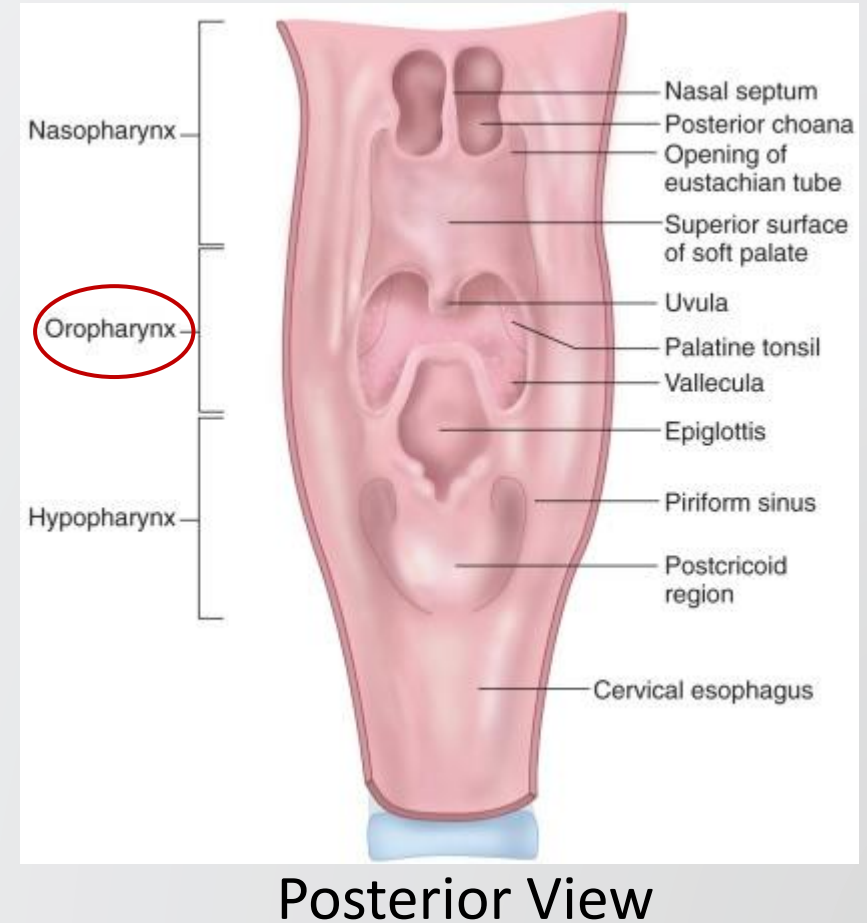
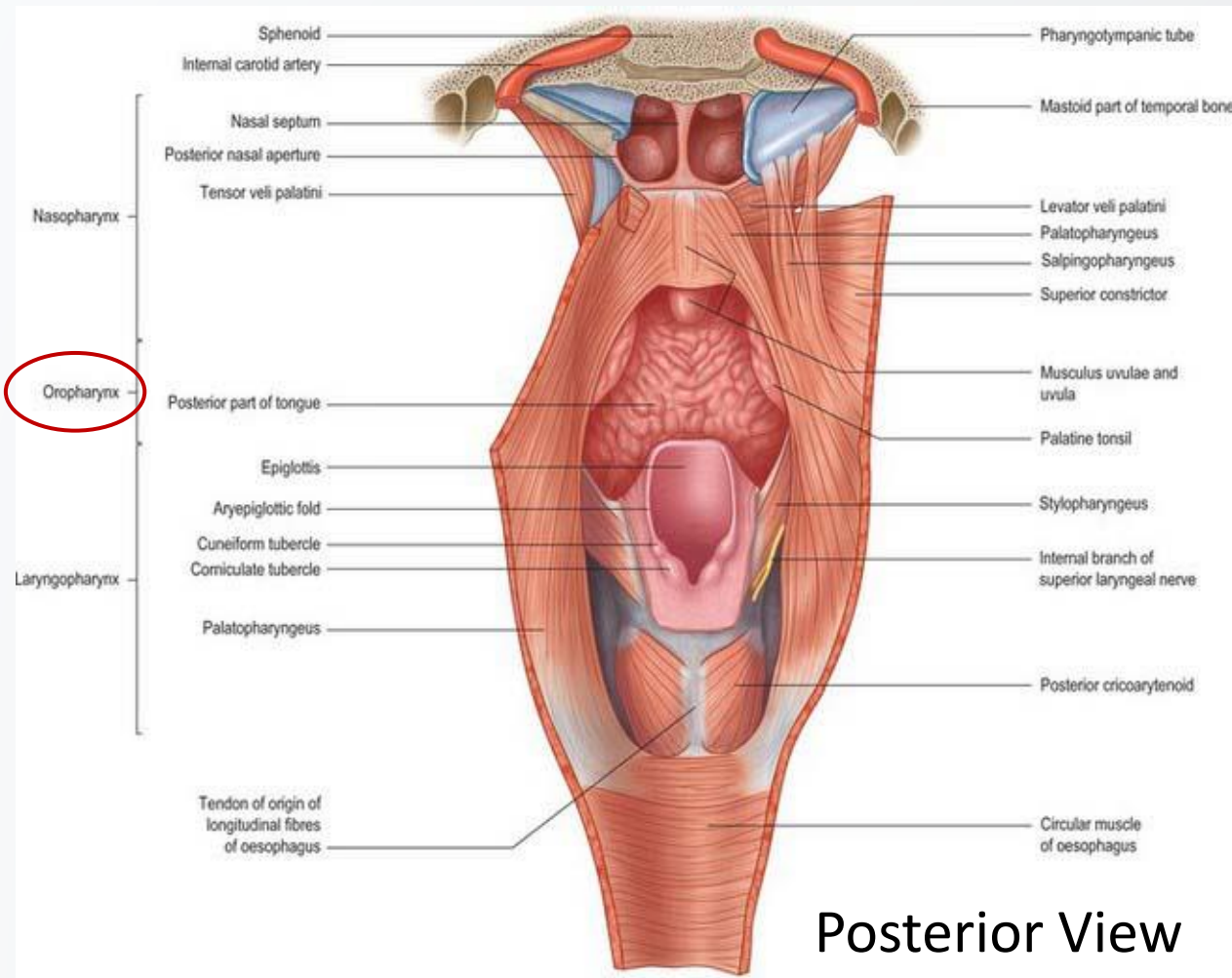
**Pharynx**

C140

# Oropharynx C100 – C109



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# Oropharynx C100 – C109

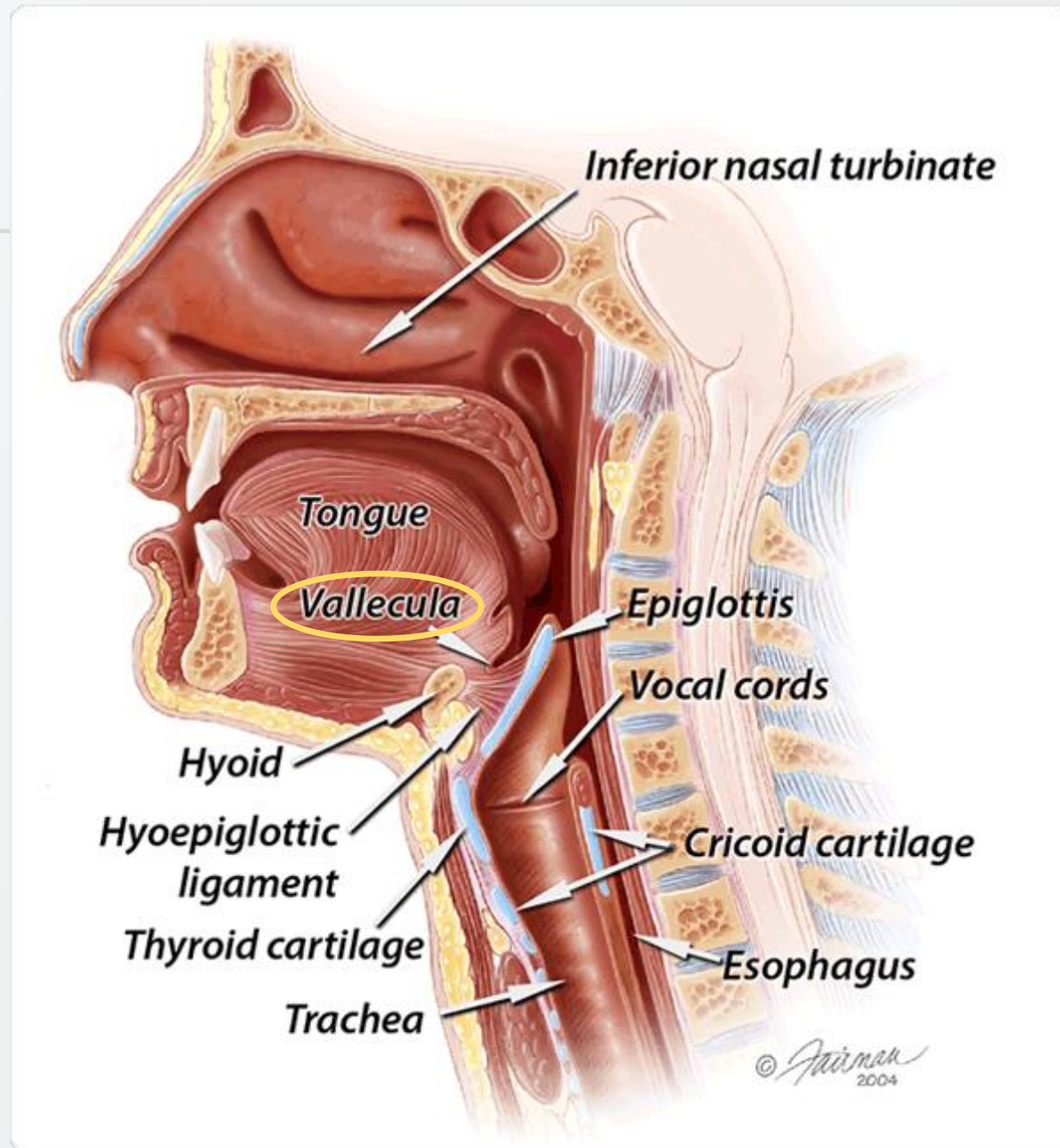


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- C100 Vallecula
- C101 Anterior surface of epiglottis
- C102 Lateral wall of oropharynx
- C103 Posterior wall of oropharynx
- C104 Branchial cleft
- C108 Overlapping lesion of oropharynx
- C108 Oropharynx, NOS



# Vallecula C100

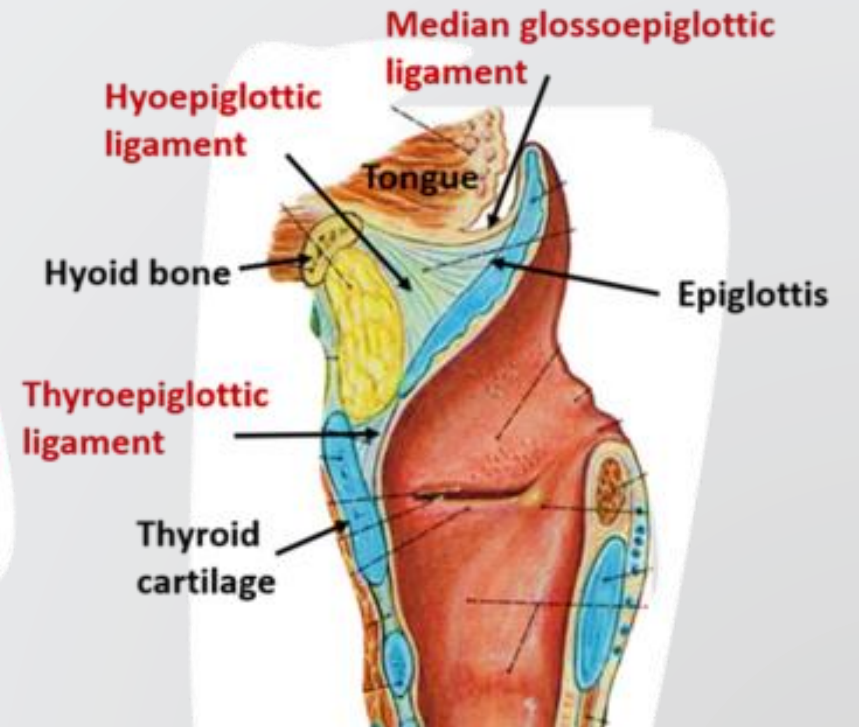
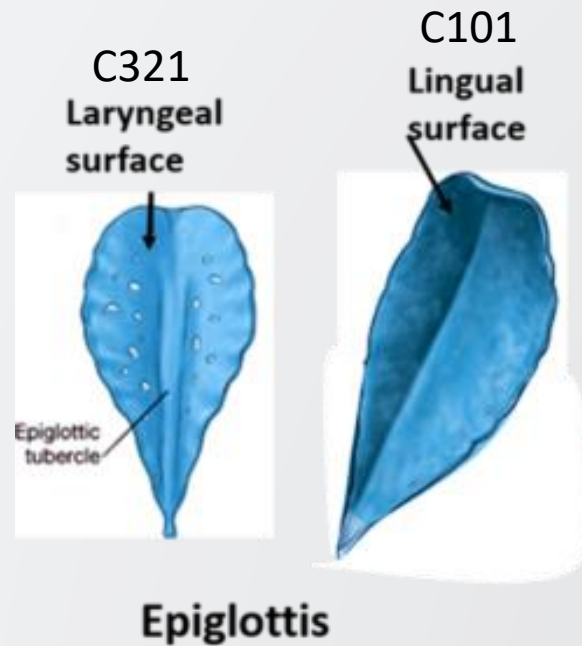
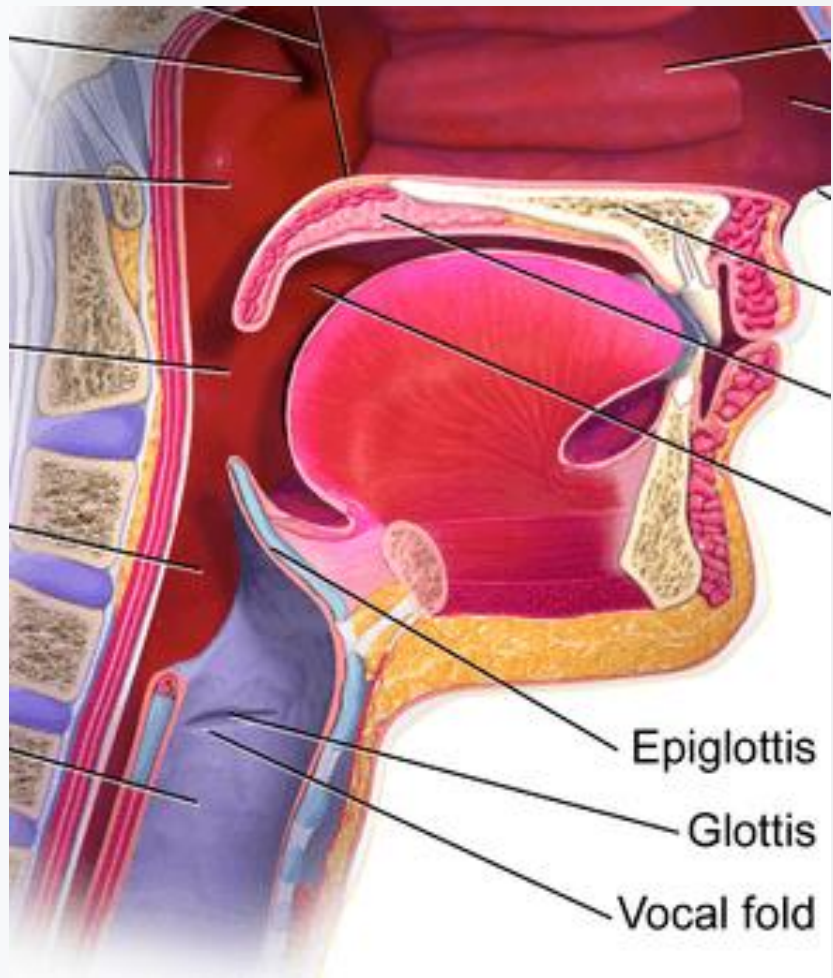


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# Anterior Surface of Epiglottis C101



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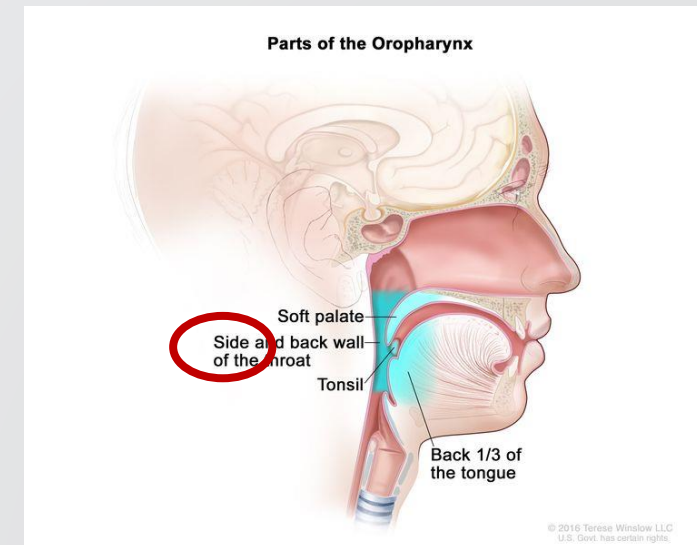
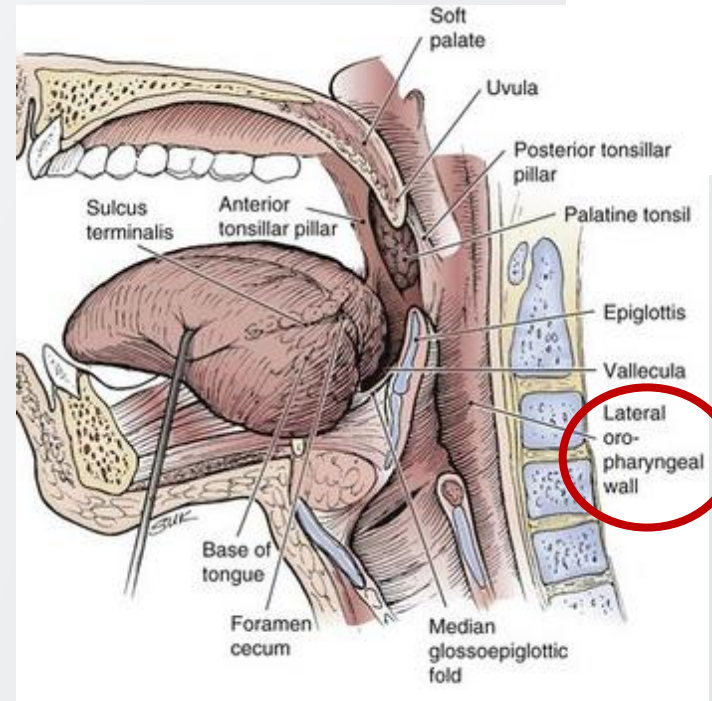
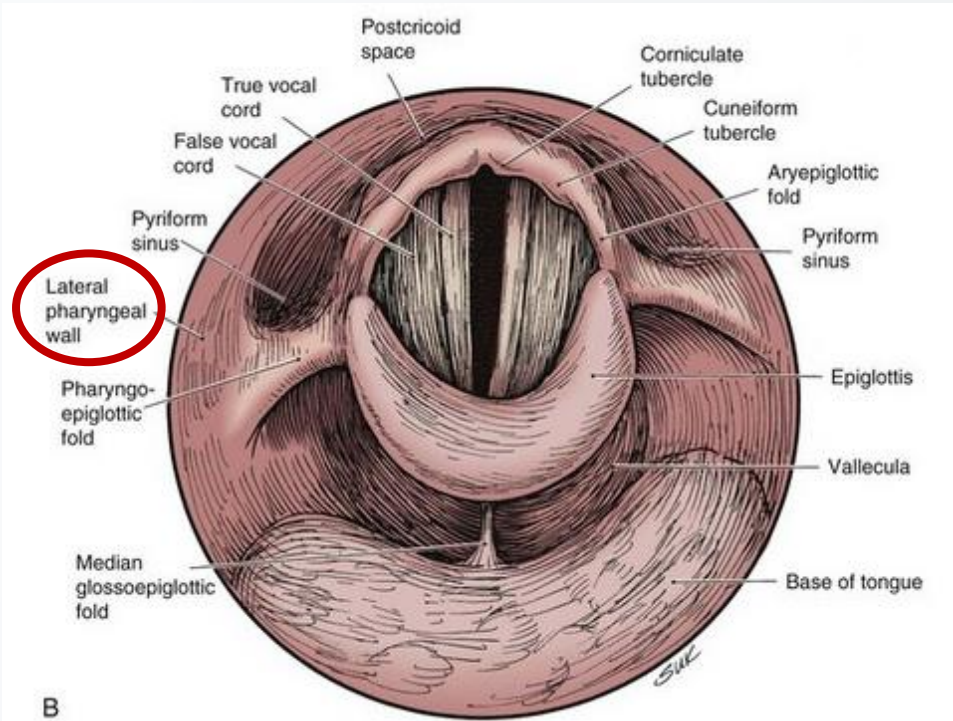
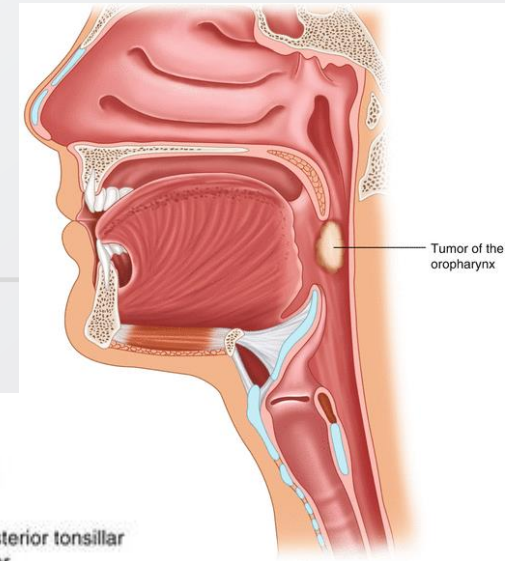




# Lateral Wall of Oropharynx C102



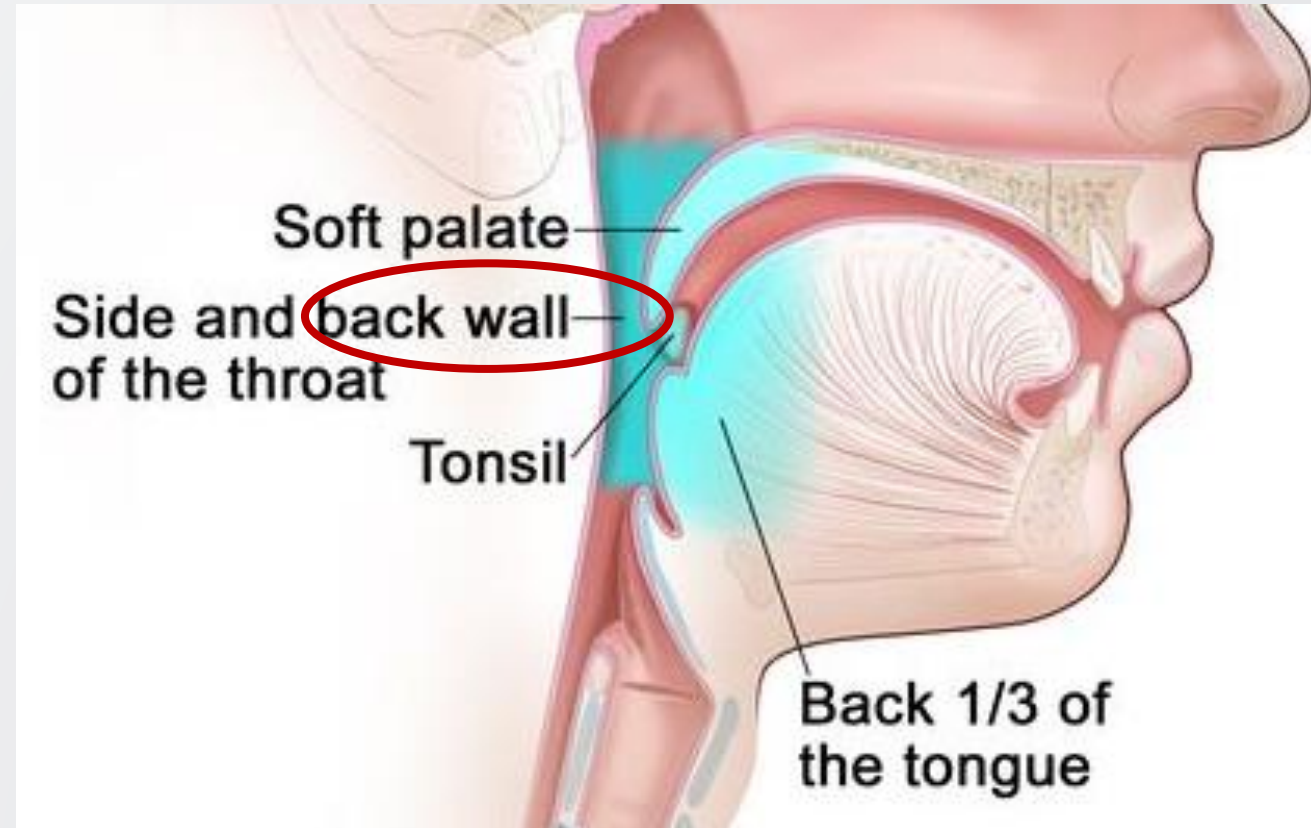
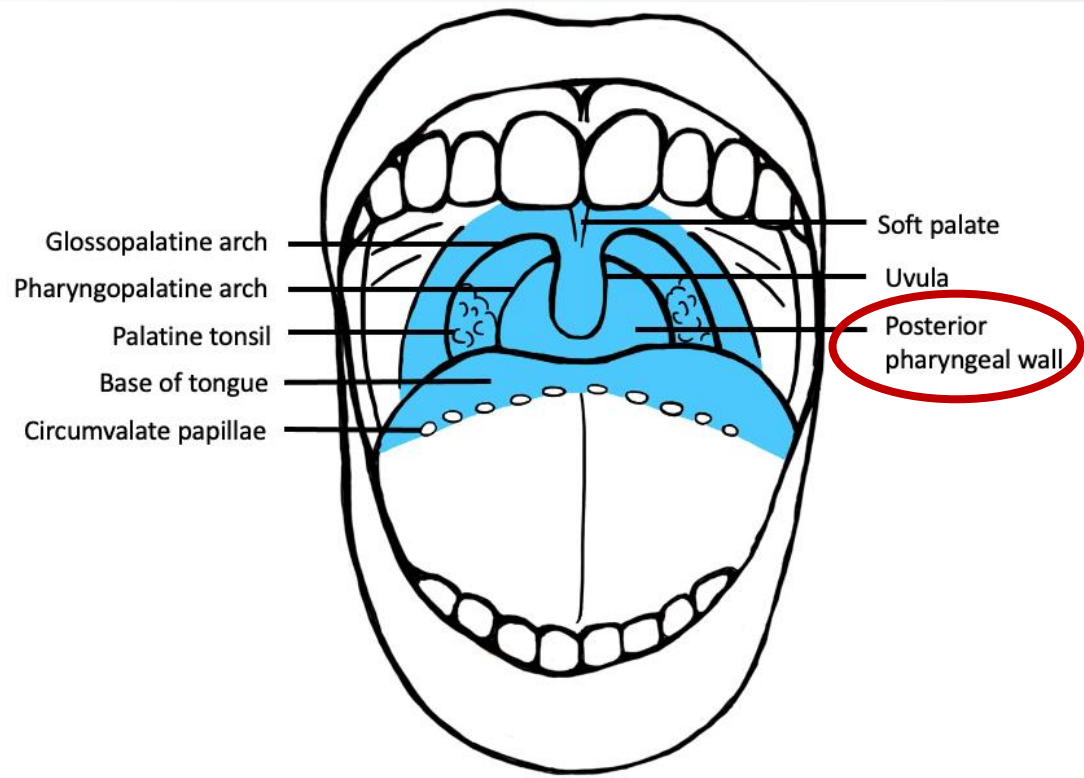
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# Posterior Wall of Oropharynx C103



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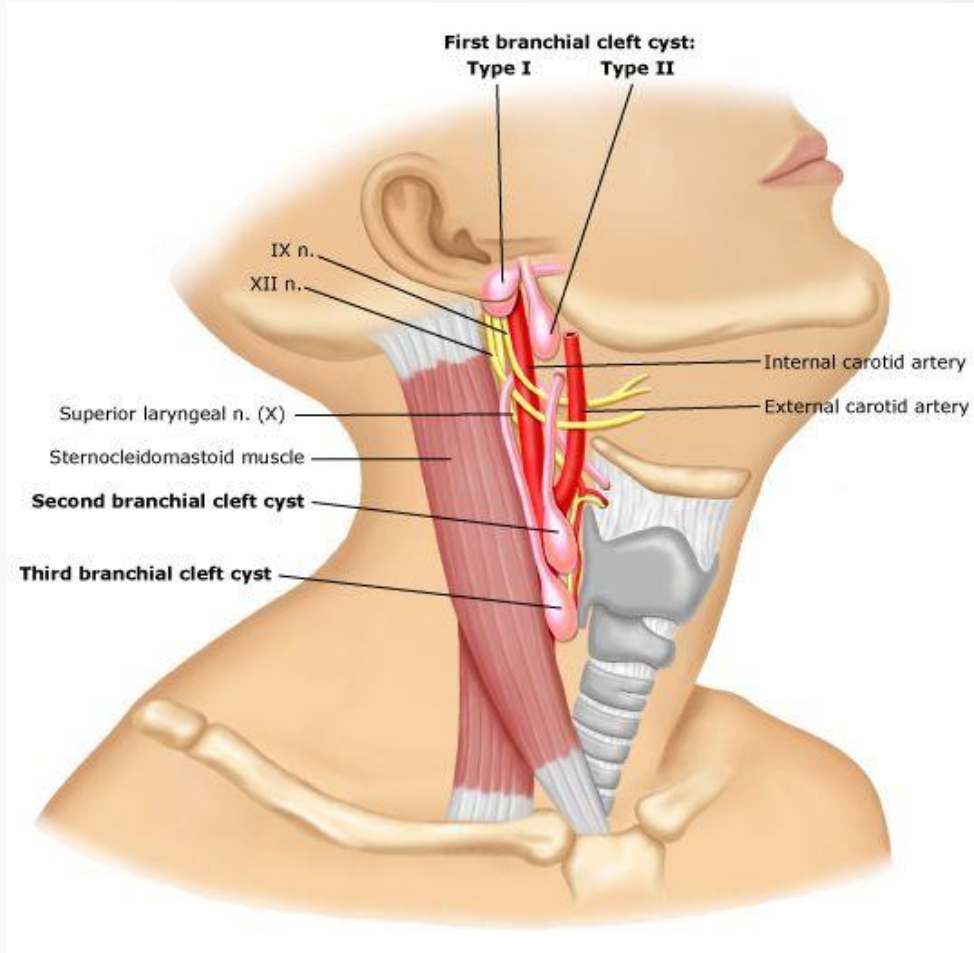
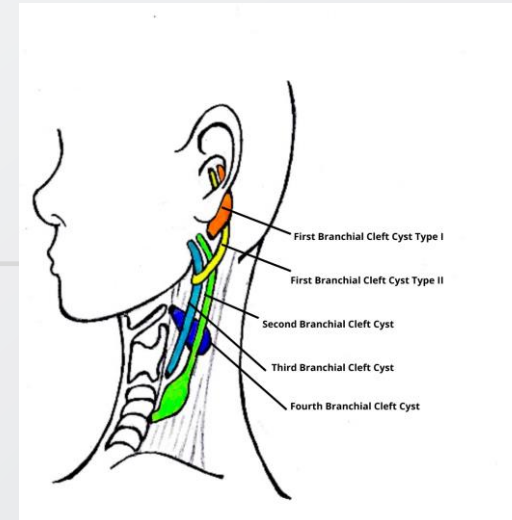




# Branchial Cleft C104



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## BRANCHIAL CYST

- Remnants of embryonic development
- Result from failure of obliteration of the branchial cleft
- Cystic mass
- Develops under the skin between SCM & pharynx.



### Presentation:

- **Asymptomatic (mostly)**
- **Painful if become infected.**

### Rx:

- Surgical excision
- Complete surgical excision may be difficult, so they can recur.

# Primary Site Coding Tips



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1. Glossotonsillar sulcus = C109
2. Occult Tumors of Head & Neck
  - a. Assign primary site C119 (nasopharynx) for occult head & neck tumors with cervical lymph node metastasis in Levels I-VII, & other group lymph nodes positive for Epstein–Barr virus (EBV+) (regardless of p16 status) encoded small RNAs (EBER) identified by in situ hybridization
  - b. Assign primary site C109 (oropharynx) for occult head & neck tumors with cervical lymph node metastasis in Levels I-VII, & other group lymph nodes, p16 positive with histology consistent with HPV-mediated oropharyngeal carcinoma (OPC)
  - c. Assign C760 for Occult Head & Neck primaries with positive cervical lymph nodes. Schema Discriminator 1: Occult Head & Neck Lymph Nodes is used to discriminate between these cases & other uses of C760

# Thank You!



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Questions?

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