50TH ANNIVERSARY SEER

TURNING CANCER DATA INTO DISCOVERY

Oropharynx: SSDIS, Schema Discriminators

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Oropharynx: 2010-2017

- In 2010, Schema Discriminator 1 was introduced for Primary Site C111: Pharyngeal Tonsil/Adenoid
- Prior to this change, C111 was included with the Nasopharynx AJCC Chapter/CS Schema/SS Chapter
- For 2010, a separate CS schema for Pharyngeal Tonsil was introduced to capture these cases so they would be included in the correct Summary Stage chapter (Nasopharynx)

Oropharynx 2018+

- In 2018, the Oropharynx Summary Stage chapter was redone so that cases with C111 that were determined to be “pharyngeal tonsil,” were included with the Oropharynx Summary Stage chapter
  - A separate schema for Pharyngeal Tonsil no longer needed

Oropharynx 2018+

- AJCC 8th edition separated Oropharynx into two different chapters
  - Oropharynx p16-
  - Oropharynx HPV-Mediated (p16+)
- Separate EOD Schemas also developed to reflect this change
- Summary Stage
  - Only one Summary Stage chapter for Oropharynx
  - p16 status does not affect the Summary Stage chapter

Oropharynx 2018+

- Schema Discriminator 1
  - “Posterior wall of Nasopharynx”
    - If this term is used to describe the primary tumor location, then Schema Discriminator is coded to 1
      - AJCC Chapter: Nasopharynx
      - EOD Schema: Nasopharynx
      - Summary Stage Chapter: Nasopharynx

Oropharynx 2018+

- Schema Discriminator 1
  - “Pharyngeal tonsil” or “Adenoids”
    - If these words describe the primary tumor location, then Schema Discriminator is coded to 2
      - AJCC Chapter: See Schema Discriminator 2
      - EOD Schema: See Schema Discriminator 2
      - Summary Stage Chapter: Oropharynx

Oropharynx 2018+

- Schema Discriminator 2: p16 status
- “Key words” for p16-
  - Patchy
  - Multiple foci/small foci
  - Focal block staining with areas of non-reactivity/focal positivity
  - Weak staining/less than 75% staining
  - Unequivocal
- “Key words” for p16+
  - Positive/Strong diffuse
- Coding various p16 positive terms - CAnswer Forum (facs.org)

Oropharynx 2018+

- **CAP Protocol: Human Papillomavirus (HPV) Testing (Head and Neck)**
- **+p16 IHC as a Surrogate for Transcriptionally Active High-Risk**
  - HPV Negative (less than 50% diffuse and moderate-to-strong nuclear and cytoplasmic staining) **(SD2: negative)**
  - Equivocal (less than 70% but greater than 50% diffuse and moderate-to-strong nuclear and cytoplasmic staining) **(SD2: negative)**
  - Positive (greater than or equal to 70% diffuse and moderate-to-strong nuclear and cytoplasmic staining) **(SD2: positive)**
  - Other results (including cytology specimens, specify)
  - Cannot be determined (explain) **(SD2: unknown)**

Oropharynx: EOD and Summary Stage

- EOD Primary Tumor
  - Codes and definitions very similar for both Oropharynx schemas
- EOD Regional Nodes
  - Oropharynx (p16-): Same definitions used by other Head and Neck schemas in the Oral Cavity
  - Oropharynx (16+): Different set up, only looks at whether there are negative vs positive nodes (clinical and pathological codes)
- EOD Mets
  - Same for both Oropharynx schemas
- Summary Stage: Oropharynx
  - p16 does not affect Summary Stage

Oropharynx: SSDIs

- Extranodal Extension Head and Neck: Clinical (applies to most Head and Neck schemas)
  - Based on findings from clinical/diagnostic work up
    - Physical exam, imaging, biopsy/FNA
    - *Note:* Imaging alone cannot be used, it must be used in conjunction with physical exam or biopsy/FNA
  - Code 7: Nodes negative clinically or an **in-situ (/2) tumor**
  - Code 9: Nodes not assessed clinically (or unknown)

Oropharynx: SSDIs

- Extranodal Extension Head and Neck: Clinical (applies to most Head and Neck schemas) (cont.)
  - Codes 1, 2, 4 based on **clinically positive nodes**
    - Code 1: nodes are positive by physical exam (palpable nodes)
      - Includes nodes that are “matted” or “fixed”
    - Code 2: FNA or biopsy is done on a lymph node(s), and is positive
    - Code 4: Unknown how clinically positive lymph nodes were evaluated

  - **Do not use information from a lymph node dissection for this data item**

Oropharynx: SSDIs

- Extranodal Extension Head and Neck Pathological (applies to most Head and Neck schemas)
  - Based on findings from lymph node dissection
  - Code 0.0: Nodes positive, ENE not identified or negative
    - Make sure Lymph Node involvement is coded as positive in EOD/SS
  - Code X.7: Nodes are negative based on lymph node dissection
    - Make sure Lymph Node involvement is coded as negative in EOD/SS
  - Code X.9: No lymph node dissection (or unknown) or an **in-situ (/2) tumor,** or lymph nodes not assessed

Oropharynx: SSDIs

- Extranodal Extension Head and Neck: Pathological (applies to most Head and Neck schemas) (cont.)
  - Codes 0.1-9.9, X.1-X.4 based on **positive nodes and ENE positive**
    - Codes 0.1-9.9: Code distance from the lymph node capsule in millimeters (mm((should be recorded on the CAP Protocol
    - Code X.1: ENE greater than 10 mm
    - Code X.2: ENE microscopic (size unknown)
    - Code X.3: ENE major (size unknown)
    - Code X.4: ENE present (but doesn't fit into codes above)
  - If any of these codes are used, make sure EOD and Summary Stage reflect lymph node involvement

Oropharynx: SSDIs

- Extranodal Extension Head and Neck: Pathological (applies to most Head and Neck schemas) (cont.)
  - Results from a Sentinel Node biopsy can be used **ONLY when there are positive nodes**
    - Results from a negative Sentinel Node biopsy cannot be used for ENE Pathological
  - Make sure your Scope of Regional Lymph Node surgery is coded appropriately (based on how many lymph nodes were removed)
  - If ENE positive, make sure that EOD and Summary Stage also indicate lymph node involvement

Oropharynx: SSDIs

- LN Size (applies to most Head and Neck schemas)
  - Pathological evaluation takes priority
    - If both Clinical and Pathological LN sizes available, code the pathological size
  - Code Clinical size ONLY when there is no pathological size
  - If there is neoadjuvant therapy followed by a surgical resection, still record the size from the post neoadjuvant lymph node dissection
    - Oropharynx LN Size - CAnswer Forum (facs.org)

Oropharynx: SSDIs

- LN Size (applies to most Head and Neck schemas) (cont.)
  - "Lymph node size" versus "Size of the metastatic deposit"
  - The CAP protocol makes a distinction between "lymph node size" and "largest metastatic deposit;" however, AJCC does not
    - If your pathology report documents "largest metastatic deposit" but does not document "largest lymph node size," go ahead and record the largest metastatic deposit
    - For more information on this issue, please see the Canswer Forum link LYMPH NODES SIZE OF METASTASIS - CAnswer Forum (facs.org)

Oropharynx: SSDIs

- SEER SSF #1: Human Papilloma Virus (HPV) Status
  - Applicable ONLY for SEER registries/regions
- Note: Code structure changed in the 2024 updates
  - 2-digit field now instead of 1
  - Cases from 2018+ converted to new format
  - No registrar review is needed

Oropharynx: SSDIs

- SEER SSF #1: Human Papilloma Virus (HPV) Status (cont.)
- Results from RNA/DNA tests take priority
  - If p16 test and RNA/DNA tests, **RNA/DNA results take priority** (even if p16 positive and they are negative)
  - **If only p16 results available, record those**
    - *Note*: Make sure they are coded the same as SD2
      - If p16 negative in SD2, then this data item must be negative (10)
      - If p16 positive in SD2, then this data item must be positive (11)
      - If p16 unknown in SD2, then this data item must be unk (99)

Questions?

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INTO DISCOVERY

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