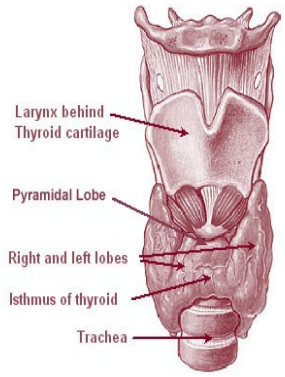
March 2020

Missouri Cancer Registry and Research Center
Show-Me-Tips

Coding...Abstracting...Education…

Ed 20:01 Thyroid

Thyroid Cancer



https://training.seer.cancer.gov

About the thyroid

Thyroid cancer begins in the thyroid gland. This gland is located in the front of the neck just below the larynx. The thyroid gland is part of the endocrine system, which regulates hormones in the body. The thyroid gland absorbs iodine from the bloodstream to produce thyroid hormones, which regulate a person's metabolism.

A swollen or enlarged thyroid gland is called a goiter, which may be caused when a person does not get enough iodine. However, most Americans receive enough iodine from salt, and a goiter under these circumstances is caused by other reasons.

https://commons.wikimedia.org/

Types of thyroid cancer

There are 5 main types of thyroid cancer:

Papillary thyroid cancer. Papillary thyroid cancer develops from follicular cells and usually grows slowly. It is a differentiated thyroid cancer, meaning that the tumor looks similar to normal thyroid tissue under a microscope. Papillary thyroid cancer can often spread to lymph nodes.

Follicular thyroid cancer. Follicular thyroid cancer also develops from follicular cells and usually grows slowly. Follicular thyroid cancer is also a differentiated thyroid cancer, but it is far less common than papillary thyroid cancer. Follicular thyroid cancer rarely spreads to lymph nodes. Follicular thyroid cancer and papillary thyroid cancer are the most common differentiated thyroid cancers. Together, follicular and papillary thyroid cancers make up about 95% of all thyroid cancer.

Hurthle cell cancer. Hurthle cell cancer, also called Hurthle cell carcinoma, is cancer that arises from a certain type of follicular cell. Hurthle cell cancers are much more likely to spread to lymph nodes than other follicular thyroid cancers.

Cancer.net https://www.cancer.net/cancer-types/thyroid-cancer/introduction

How would you code:

- Papillary carcinoma of the thyroid

  8260 Papillary adenocarcinoma, NOS

  Not 8050 Papillary carcinoma, NOS

- Follicular and papillary carcinoma of the thyroid

  8340 Papillary carcinoma, follicular variant

Solid Tumor Rules - Other

Rule H14 Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260)

Rule H15 Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340)

https://seer.cancer.gov/tools/solidtumor/

How would you code:

- Micropapillary carcinoma of the thyroid

  8260 Papillary adenocarcinoma, NOS

Per the WHO Tumors of Endocrine Organs, for thyroid primaries/cancer only, the term micropapillary does not refer to a specific histologic type. It means the papillary portion of the tumor is minimal or occult (1cm or less) and was found incidentally. WHO does not recognize the ICDO code 8341, it classifies papillary microcarcinoma of the thyroid as a variant of papillary thyroid which should be coded 8260. (This information will be included in the upcoming revisions to the Solid Tumor Rules in 2021).

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-03) and a Surveillance Contract between DHSS and the University of Missouri.

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Types of thyroid cancer (continued)

Medullary thyroid cancer (MTC). MTC develops in the C cells and is sometimes the result of a genetic syndrome called multiple endocrine neoplasia type 2 (MEN2). This tumor has very little, if any, similarity to normal thyroid tissue. MTC can often be controlled if it is diagnosed and treated before it spreads to other parts of the body. MTC accounts for about 3% of all thyroid cancers. About 25% of all MTC is familial. This means that family members of the patient will have a possibility of a similar diagnosis. The *RET* proto-oncogene test can confirm if family members also have familial MTC (FMTC).

How would you code:

- Medullary carcinoma of the thyroid

  8345 Medullary thyroid carcinoma.

Tip: The notes and comments in resource manuals complement each other and are critical to accurate abstracting. These notes are not always visible in abstracting software drop-down codes.

Cancer.net https://www.cancer.net/cancer-types/thyroid-cancer/introduction

2018 ICD-O-3 New Codes, Behaviors, and Terms - Updated 8/22/18			
Status	**ICD-O-3 Morphology**	**Term**	**Comments**
New Term	8345/3	Medullary thyroid carcinoma (73.9)	For thyroid 2018+ For breast use 8510

https://www.naaccr.org/2018-implementation/

Anaplastic thyroid cancer. This type is rare, accounting for about 1% of thyroid cancer. It is a fast-growing, poorly differentiated thyroid cancer that may start from differentiated thyroid cancer or a benign thyroid tumor. Anaplastic thyroid cancer can be subtyped into giant cell classifications. Because this type of thyroid cancer grows so quickly, it is more difficult to treat successfully.

How would you code:

- Anaplastic carcinoma of the thyroid

  8020 Anaplastic undifferentiated carcinoma

Cancer.net https://www.cancer.net/cancer-types/thyroid-cancer/introduction

Would you code:

- Non-Invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)

Is this reportable?

Yes Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) are to be reported and assigned ICD-O morphology code 8343/2

Other New Terms for ICD-O morphology code 8343/2 Cases diagnosed 1/1/2017 forward

- Non-invasive EFVPTC (C73.9)
- Non-invasive encapsulated follicular variant of papillary thyroid carcinoma (non-invasive EFVPTC (C73.9)
- Non-invasive FTP (C73.9)

https://www.naaccr.org/2018-implementation/

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Tests and procedures that diagnose thyroid cancer

Fine-needle aspiration biopsy of the thyroid. The removal of thyroid tissue using a thin needle. The needle is inserted through the skin into the thyroid. Several tissue samples are removed from different parts of the thyroid. A pathologist views the cytologic samples under a microscope to look for cancer cells.

NIH Cancer.gov https://www.cancer.gov/types/thyroid/patient/thyroid-treatment-pdq

Can a FNA cytology of a thyroid nodule suspicious for carcinoma be used in Date of Diagnosis?

No - Cannot use the Date of the FNA because we can not consider cytology with ambiguous terms to be diagnostic

STORE 2018: If cytology is identified only with an ambiguous term, do not interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx

A FNA **cytology** of a thyroid nodule shows papillary carcinoma. Patient presents to the facility for a Total Thyroidectomy, pathology reveals papillary carcinoma.

Would you code the FNA of the thyroid nodule in Diagnostic & Staging Procedure?

No - Do not code the procedure, but list it in text

STORE 2018: Code brushings, washings, cell aspiration, and hematologic findings as positive cytologic diagnostic confirmation in the data item Diagnostic Confirmation. These are not considered surgical procedures and should not be coded in Surgical Diagnostic and Staging Procedure.

A **core needle biopsy** of a thyroid nodule shows papillary carcinoma.

Would you code the core needle biopsy of the thyroid nodule in Diagnostic & Staging Procedure?

Yes - Code 02 A biopsy (incisional, needle, or aspiration) was done to the primary site

STORE 2018: Surgical Diagnostic & Staging Procedure - Only record positive procedures.

Patient was diagnosed with papillary follicular carcinoma of the thyroid.
Patient had a FNA of a right neck lymph node which was negative.

Do you code the FNA cytology of the regional lymph node?

Yes - Code Scope of Regional Lymph Nodes to 1 (Biopsy or Aspiration of Regional LN)

STORE 2018: Scope of Regional Lymph Node Surgery - Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes in an effort to diagnose or stage disease in this data item. Regardless of whether positive or negative.

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Treatment of thyroid cancer

NIH Cancer.gov https://www.cancer.gov/types/thyroid/patient/thyroid-treatment-pdq

Surgery is the most common treatment for thyroid cancer.

Lobectomy. Removal of the lobe in which thyroid cancer is found. Lymph nodes near the cancer may also be removed and checked under a microscope for signs of cancer.

Near-total thyroidectomy. Removal of all but a very small part of the thyroid. Lymph nodes near the cancer may also be removed and checked under a microscope for signs of cancer.

Total thyroidectomy. Removal of the whole thyroid. Lymph nodes near the cancer may also be removed.

Patient had a FNA of the thyroid 3/21/2019 which diagnosed papillary carcinoma.

Patient had a right lobectomy on 3/28/2019.

Patient had a left lobectomy and removal of remaining thyroid gland on 4/05/2019.

How would you code the 4/05/2019 procedure?

- 21 Lobectomy ONLY
- 40 Subtotal or near total thyroidectomy
- 50 Total thyroidectomy

Code 50 Total thyroidectomy

Read the description of tissues removed and if the second procedure removes all remaining thyroid tissue, code to the cumulative surgical effect of Total thyroidectomy.

Radioactive iodine (radioiodine) therapy.

Your thyroid gland absorbs nearly all of the iodine in your body. Because of this, radioactive iodine (RAI, also called I-131) can be used to treat thyroid cancer. The RAI collects mainly in thyroid cells, where the radiation can destroy the thyroid gland and any other thyroid cells (including cancer cells) that take up iodine, with little effect on the rest of the body.

https://www.cancer.org/cancer/thyroid-cancer/treating/radioactive-iodine.html

Patient is diagnosed in 2018 with follicular carcinoma and treated with thyroidectomy and a single injection of 140 millicuries of I-131

How would you code Phase 1 Radiation Primary Treatment Volume?

- 26 Thyroid
- 93 Whole Body
- 98 Other

Code 98 Other

NCDB: The Corner STORE Updates and Alerts see April 2, 2019

STORE Data Item Clarification: I-131 for Thyroid page 10 of the CTR Guide to Coding Radiation Therapy Treatment in the STORE (Version 2.0 Feb 2020)

https://www.facs.org/quality-programs/cancer/news https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx

Hormone therapy. Is a cancer treatment that removes hormones or blocks their action and stops cancer cells from growing. Drugs may be given to suppress the production of thyroid-stimulating Hormone (TSH) from the pituitary gland. High TSH levels could conceivably stimulate any remaining cancer cells to grow.

How do you code Levothyroxine:

Synthroid (levothyroxine) should be coded as hormonal treatment for thyroid cancer. This drug is more commonly used in patient with papillary, follicular carcinomas or one of their variants.

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