

Anal & Lip Cancers: A Reportability Issue

Please utilize the following info from SEER when determining reportability for these two sites:

1. ANUS:

- ❖ Squamous Cell Carcinoma and AIN III of the anus/anal canal ARE REPORTABLE *UNLESS known or stated to be skin of anus (or perianal skin). Never automatically assume the site is skin of anus or perianal!*

When stated specifically to involve the skin of anus (perianal skin/tissue) it is not reportable and should be coded to C44.5 (skin of anus) not C21x Anus and Anal Canal.--LTR

2. LIP:

- ❖ **Basal Cell Carcinoma** of lip, NOS is coded to C44.0 (skin of lip) because basal cell starts on skin cells, not mucous membranes. **Basal cell carcinoma of the skin is not reportable EXCEPT for genital sites, which are reportable.**
- ❖ **Squamous Cell Carcinoma (SCC)** of lip, NOS can involve either skin or vermillion border [mucosa] of the lip (or both as an overlapping lesion): SCC of lip, NOS IS REPORTABLE and coded to C009-- **unless stated as skin of the lip.** Other stated lip sites (lower lip; upper lip, etc—codes C000-C008) are also REPORTABLE—**unless stated as skin of the lip.**

If SCC is overlapping skin and vermillion border, go with the **area of greatest involvement.** **If more than 50% of the lesion is on the vermillion border, code to the vermillion border (C00x) as this IS REPORTABLE.**

When stated specifically to involve the skin of the lip it is not reportable and should be coded to C44.0 (skin of lip) not C00x Lip.—LTR

LTR Suggestions:

If no other info is available, read gross description in path report to determine what was excised by the specimen/lesion description—skin (yellow/tan/brown etc) vs mucosa (pink/red etc).--LTR

Also, documentation that the physician performed a “Wedge Resection” is a good indication that the cancer involves the vermillion border of the lip and not the skin of the lip (unless stated specifically to involve skin).—LTR

References: SEER SINC #20100027; 20091094; 20061040; #20031110* and #20051049*

*Last updated March 5, 2008 by SEER Staff <http://seer.cancer.gov/seerinqury> and are still current